

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000049739

1. Entity Name
JBC FINANCIAL GROUP, INC.



Principal Place of Business
**3001 PONCE DE LEON BLVD.
SUITE 211
CORAL GABLES, FL 33134**

Mailing Address
**3001 PONCE DE LEON BLVD.
SUITE 211
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0922971

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COLBERT, CARL
3001 PONCE DE LEON BLVD.
SUITE 211
CORAL GABLES, FL 33134**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **COLBERT, CARL**
STREET ADDRESS **3001 PONCE DE LEON BLVD. SUITE 211**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D**
NAME **BOUE, LUIS E**
STREET ADDRESS **7600 SW 109 TR.**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D**
NAME **JUNCADELLA, MIGUEL**
STREET ADDRESS **6375 SW 116 STREET**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carl Colbert **CARL COLBERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04 **2/11/04** *305 740 9918* **305 740 9918**

Date

Daytime Phone #