

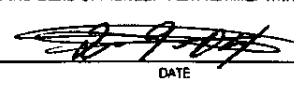



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-13-2004 90001 013 ***150.00

DOCUMENT # P02000010638					
1. Entity Name JAX MASONRY TRADES REAL ESTATE HOLDING COMPANY					
Principal Place of Business 145 E. 1ST ST. JACKSONVILLE FL 32206-5001			Mailing Address 145 E. 1ST ST. JACKSONVILLE FL 32206-5001		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0599706	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEINER, RICHARD M ESQ. 200 SE 6TH ST., SUITE 100E FT. LAUDERDALE FL 33301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 			DATE 		
SIGNATURE (Signature, typed or printed name of registered agent and title if applicable.)			(NOTE: Registered Agent signature required when reissuing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLANCO, ROBERT		NAME		
STREET ADDRESS	3127 W. HALLANDALE BCH BLVD., SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PARK FL 33009		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REED, ERNEST T		NAME		
STREET ADDRESS	6227 DUNN AVE.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SESSIONS, ANTHONY		NAME		
STREET ADDRESS	145 E. 1ST ST.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32206		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, DANIEL S		NAME		
STREET ADDRESS	3768 KORI RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 2-24-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day/Time Phone #		