


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90053 023 ***150.00

DOCUMENT # P0300008513	
1. Entity Name JUST HIGH TECH, CORP.	

Principal Place of Business 12106 ST. ANDREWS PLACE APT #105 MIRAMAR, FL 33025	Mailing Address 12106 ST. ANDREWS PLACE APT #105 MIRAMAR, FL 33025
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2. Principal Place of Business 8261 NW 8th ST Suite, Apt. #, etc. 237	3. Mailing Address 8261 NW 8th ST Suite, Apt. #, etc. 237
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City & State Miami, Florida	City & State MIAMI, FL	4. FEI Number 32-0059369	Applied For <input type="checkbox"/> Not Applicable
Zip 33126	Country U.S.A.	Zip 33126	Country USA



01062005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BARRIOS, MARCO 12106 ST. ANDREWS PLACE APT. #105 MIRAMAR, FL 33025	7. Name and Address of New Registered Agent Name MARCO BARRIOS Street Address (P.O. Box Number is Not Acceptable) 8261 NW 8th ST APARTMENT 237 City MIAMI, FL Zip Code
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRIOS, MARCO A 12550 BISCAYNE BLVD STE 538 MIAMI, FL 331812544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECHT, NINOTCHKA J 12550 BISCAYNE BLVD STE 538 MIAMI, FL 331812544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ninotchka J Hecht Date: 02/11/2005 Daytime Phone #: (305)6235737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR