2004 FOR PROFIT CORPORATION

Feb 11, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # V22297 1. Entity Name J G MARKETING, INC. Principal Place of Business Mailing Address 18721 S.W. 104 AVE. MIAMI, FL 33157 US 16823 S.W. 79 PLACE MAIMI, FL 33157 US 02082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0324387 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HULCE, JERRY L. DO NOT WRITE 16823 S.W. 79 PLACE MIAMI, FL 33157 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) U00000045619 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 02/12/04-80008-005 150.no Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HULCE, JERRY L. 16823 S.W. 79 PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 TITLE CHIPRUT, DAVID NAME STREET ADDRESS 8508 CUTTLER COURT CITY-ST-ZIP MIAMI, FL TITLE HULCE, ROBERTA NAME STREET ADDRESS 16823 SW 79 PL DO NOT WRITE CITY - ST-ZIP MIAMI, FL 33157 TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORRY C.

FILED