2004 FOR PROFIT CORPORATION

FILED Jul 26, 2004 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # P01000051517 07-26-2004 90007 012 ***550.00 1. Entity Name JR CREATIVE BUILDERS, INC. Principal Place of Business Mailing Address 500 S.E. MIZNER BOULEVARD 500 S.E. MIZNER BOULEVARD 44049789 TOWNSEND PLACE, APT 505 **TOWNSEND PLACE, APT 505** BOCA RATON, FL 33432 BOCA RATON, FL 33432 3. Mailing Address S AMB 07192004 Cha-P CR2E034 (10/03) City & State 4. FEI Number Applied For 65-1121104 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAMIAN, VINCENT E 80 S.W. 8 STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 2550** MIAMI, FL 33130 1 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change - 🔲 Addition NAME BERMAN, IRVIN NAME EDEBURN RIGHTR STREET ADDRESS 500 S.E. MIZNER BLVD., TOWNSEND PL., #505 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP ST TITLE Delete TITLE Change Addition NAME BERMAN, JOAN NAME STREET ADDRESS 500 S.E. MIZNER BLVD., TOWNSEND PL., #505 STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33432 CITY-ST-ZIP AŞ. TITLE ☐ Delete TITLE ☐ Change Addition DAMIAN, VINCENT E JR NAME NAME STREET ADDRESS 80 S.W. 8 STREET, SUITE 2550 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33130 CITY-ST-ZIP TITLE ☐ Delete - Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 reference priority is true and 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 attachr

SIGNATURE:

SIGNING OFFICER ON DIRECTOR