2004 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

FILED Feb 26, 2004 08:00 AM Secretary of State **DOCUMENT # 170762** ST JOHN PROPERTIES CORPORATION Mailing Address Principal Place of Business % ST JOHN CDC 1324 NW 3RD AVE MIAMI FL 33136 P.O. BOX 015344 MIAMI FL 33101-5344 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 59-0812121 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LITTLE, JOHN M Street Address (P.O. Box Number is Not Acceptable) LEGAL SERVICES OF GREATER MIAMI 3000 BISCAYNE BLVD STE 500 **MIAMI FL 33137** City 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. DATE (NOTE Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition ПТЕЕ Change TITLE Delete GAY, GREGORY NAME MARKE U00000067469 269 NW 7TH STREET #421 STREET ADDRESS STREET ADORESS 02/27/04-80001-007 158.75 CITY-ST-ZIP MIAMI FL 33136 CITY-ST-ZIP Defete Change Change Addition BRE TITLE MAME TURKEL, LEONARD NAME STREET ADDRESS 2871 OAK AVENUE STREET ADDRESS COCONUT GROVE FL 33133 CITY-ST-ZIP CITY -ST-ZIP Change Addition ☐ Delete me TITLE ST NAME NAME ISAAC, DORIS P STREET ADDRESS STREET ADDRESS 12455 E RANDALL PARK DR CITY-ST-ZIP Catri-St-28P MIAMI FL 33147 ☐ Change ☐ Addition Da.ete TITLE TITLE MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CRTY - ST - ZWP ☐ Change De'ete Addition TITE E NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE BILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P 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 exidence, with all other like empowered.

2/18/04

305-416-1435

GREGORY GAY
STENDARD STREET OF DIRECTOR

SIGNATURE: 🛶