


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90038 023 ***158.75

DOCUMENT # 170762	
1. Entity Name ST JOHN PROPERTIES CORPORATION	

Principal Place of Business % ST JOHN CDC 1324 NW 3RD AVE MIAMI, FL 33136	Mailing Address P.O. BOX 015344 MIAMI, FL 33101-5344
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DO NOT WRITE IN THIS SPACE



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0812121	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LITTLE, JOHN M
LEGAL SERVICES OF GREATER MIAMI
3000 BISCAYNE BLVD STE 500
MIAMI, FL 33137**

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAY, GREGORY 269 NW 7TH STREET #421 MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURKEL, LEONARD 2871 OAK AVENUE COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ISAAC, DORIS P 12455 E RANDALL PARK DR MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u>Doris P. Isaac</u> DORIS P. ISAAC <u>03/17/05</u> 305-681-8291	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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