


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 170762**

1. Entity Name  
**ST JOHN PROPERTIES CORPORATION**



Principal Place of Business      Mailing Address

% ST JOHN CDC      P.O. BOX 015344  
1324 NW 3RD AVE      MIAMI, FL 33101-5344  
MIAMI, FL 33136

**DO NOT WRITE IN THIS SPACE**



01052006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-0812121**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

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 \_\_\_\_\_ 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

1100000388735  
01/20/06-80060-018 158.75

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Doris P. Isaac    DORIS P. ISAAC    1/12/06    305-681-8291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #