


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90201 015 \*\*\*158.75

**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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01052007 Chg-P CR2E034 (12/06)

4. FEI Number **59-0812121** Applied For  
 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**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, GREGORY		NAME	DORIS P. ISAAC	
STREET ADDRESS	269 NW 7TH STREET #421		STREET ADDRESS	12455 E. RANDALL PARK AVENUE	
CITY-ST-ZIP	MIAMI, FL 33136		CITY-ST-ZIP	MIAMI, FLORIDA 33147	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	DAVID J. ALEXANDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURKEL, LEONARD		NAME	6800 SW 75TH TERRACE	
STREET ADDRESS	2871 OAK AVENUE		STREET ADDRESS	MIAMI, FLORIDA 33143	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAAC, DORIS P		NAME	GARFIELD MILLER	
STREET ADDRESS	12455 E RANDALL PARK DR		STREET ADDRESS	1622 NW FIRST AVENUE, UNIT 1	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	MIAMI, FLORIDA 33136	
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DWAYNE WYNN	
STREET ADDRESS			STREET ADDRESS	P.O. BOX 510323	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FLORIDA 33151	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: David J. Alexander **DAVID J. ALEXANDER** 1/09/07 **305-372-0682**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #