


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90032 004 ***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

DO NOT WRITE IN THIS SPACE



01032008 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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ISAAC, DORIS P
STREET ADDRESS	12455 E RANDALL PARK AVE
CITY - ST - ZIP	MIAMI, FL 33147
TITLE	V
NAME	ALEXANDER, DAVID J
STREET ADDRESS	6800 SW 75TH TERRACE
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	ST (DELETE)
NAME	ISAAC, DORIS P
STREET ADDRESS	12455 E RANDALL PARK DR
CITY - ST - ZIP	MIAMI, FL 33147
TITLE	S / T (SECRETARY/TREASURER)
NAME	MILLER, GARFIELD
STREET ADDRESS	1622 NW FIRST AVE UNIT 1
CITY - ST - ZIP	MIAMI, FL 33136
TITLE	7D (DIRECTOR)
NAME	WYNN, DWAYNE
STREET ADDRESS	P O BOX 510323
CITY - ST - ZIP	MIAMI, FL 33151
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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** 1/08/08 305-372-0682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #