


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-17-2008 90032 004 \*\*\*158.75

<b>DOCUMENT # 170762</b>	
1. Entity Name <b>ST JOHN PROPERTIES CORPORATION</b>	

Principal Place of Business <b>% ST JOHN CDC 1324 NW 3RD AVE MIAMI, FL 33136</b>	Mailing Address <b>P.O. BOX 015344 MIAMI, FL 33101-5344</b>
---	--

**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0812121</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ISAAC, DORIS P 12455 E RANDALL PARK AVE MIAMI, FL 33147</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V ALEXANDER, DAVID J 6800 SW 75TH TERRACE MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST (DELETE) ISAAC, DORIS P 12455 E RANDALL PARK DR MIAMI, FL 33147</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S / T (SECRETARY/TREASURER) MILLER, GARFIELD 1622 NW FIRST AVE UNIT 1 MIAMI, FL 33136</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>YD (DIRECTOR) WYNN, DWAYNE P O BOX 510323 MIAMI, FL 33151</b>
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 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** **1/08/08** **305-372-0682**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #