

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 170762

FILED
Jan 21, 2009
Secretary of State

Entity Name: ST JOHN PROPERTIES CORPORATION

Current Principal Place of Business:

% ST JOHN CDC
1324 NW 3RD AVE
MIAMI, FL 33136

New Principal Place of Business:

ST JOHN CDC
1324 NW 3RD AVE
MIAMI, FL 33136

Current Mailing Address:

P.O. BOX 015344
MIAMI, FL 331015344

New Mailing Address:

FEI Number: 59-0812121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ISAAC, DORIS P
Address: 12455 E RANDALL PARK AVE
City-St-Zip: MIAMI, FL 33147

Title: V () Delete
Name: ALEXANDER, DAVID J
Address: 6800 SW 75TH TERRACE
City-St-Zip: MIAMI, FL 33143

Title: ST () Delete
Name: ISAAC, DORIS P
Address: 12455 E RANDALL PARK DR
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: MILLER, GARFIELD
Address: 1622 NW FIRST AVE UNIT 1
City-St-Zip: MIAMI, FL 33136

Title: T () Delete
Name: WYNN, DWAYNE
Address: P O BOX 510323
City-St-Zip: MIAMI, FL 33151

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J. ALEXANDER

P

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date