2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT r 23, 2007 | 08:00 A Secretary of State DOCUMENT # K84083 1. Entity Name F.J.I. PROPERTIES, INC. 1109 Principal Place of Business Mailing Address 523 MICHIGAN AVE. 523 MICHIGAN AVE. MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 The second of th CR2E034 (11/05) 04192007 No Chg-P Applied For 4. FEI Number 65-0116111 Not Applicable \$8.75 Additional and the state of the same and the same state of the state of the same state of the s 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRYD, JONATHAN DO NOT WRIT **523 MICHIGAN AVE** MIAMI BCH, FL 33139 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE for himse the property and both the second FRYD. JONATHAN NAME STREET ADDRESS **523 MICHIGAN AVE** married of the state of the state of the state of CITY-ST-ZIP MIAMI BEACH, FL The manager transport with the property of the the month there in a TITLE grands of the committee for the said of the parties of the committee of th NAME FRYD. JONATHAN रुपीत्री कुर के भी दोराक समित अधिक एक मुक्त का अधिक प्रमुख के किया है। 523 MICHIGAN AVE. STREET ADDRESS e transport and the second of the second there is all the second of the CITY-ST-ZIP MIAMI BEACH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP The territory of the state of the state of the same of the same TITLE methy agrammer of mercently the confirma agric the fit with risks a believe in NAME 000000720660 05/01/07-80114-016 STREET ADDRESS CITY-ST-ZIP TITLE NAME in the state of the party from the party and the state of STREET ADDRESS

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:

CITY-ST-ZIP

IGNATURE AND TYPED ON PRINTED MAME OF IGNING OFFICER OR DIRECTOR

4/19/07

(203)673-2448

Daytime Phone #

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