


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90052 003 ***150.00

DOCUMENT # M19916 1. Entity Name RG AND JP PROPERTIES, INC.	
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Principal Place of Business C/O RAMON GRANJA 2270 N.W. 23RD STREET MIAMI, FL 33142	Mailing Address C/O RAMON GRANJA 2270 N.W. 23RD STREET MIAMI, FL 33142
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40007741



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2569342	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GRANJA, RAMON 2270 N.W. 23RD STREET MIAMI, FL 33142
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**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GRANJA, RAMON 2270 NW 23 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANJA, ANGELA 2270 NW 23 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEATRIZ, GRANJA 2270 NW 23 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #