
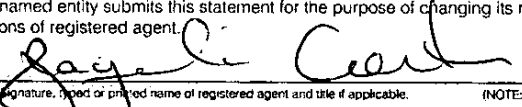
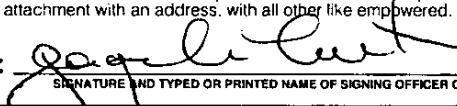


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90338 050 ***150.00

DOCUMENT # P00000000250 1. Entity Name HOWJAX, INC.			
Principal Place of Business 17352 S. W. 35TH ST. MIRAMAR, FL 33029		Mailing Address 17352 S. W. 35TH ST. MIRAMAR, FL 33029	
2. Principal Place of Business 13630 SW 36th CT		3. Mailing Address 13630 SW 36th CT	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DAVIE, FL		City & State DAVIE, FL	
Zip 33330		Zip 33330	
Country BROWARD		Country BROWARD	
4. FEI Number 65-0974731		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, JACQUELIN 17352 SW 35TH STREET HOLLYWOOD, FL. 33029		7. Name and Address of New Registered Agent Name CARTER, JACQUELIN Street Address (P.O. Box Number is Not Acceptable) 13630 SW 36th Court, City DAVIE, FL Zip Code 33330	
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: 4/12/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, HOWARD 17352 S. W. 35TH ST. MIRAMAR, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	add 13630 SW 36 th CT, DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JACQUELIN 17352 S. W. 35TH ST. MIRAMAR, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13630 SW 36th CT DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4/12/05 Daytime Phone #: 954-983-1221	