
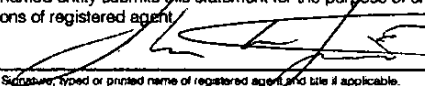
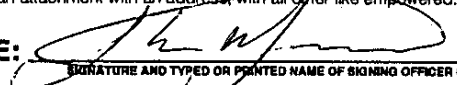


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-18-2005 90326 035 \*\*\*150.00

<b>DOCUMENT # P0000021227</b>			
1. Entity Name 14 EAST MULTIMEDIA GROUP, INC.			
Principal Place of Business 1995 E. OAKLAND PARK BLVD. SUITE 115 FORT LAUDERDALE, FL 33306		Mailing Address 1995 E. OAKLAND PARK BLVD. SUITE 115 FORT LAUDERDALE, FL 33306	
2. Principal Place of Business 100 S. PINE ISLAND RD. Suite, Apt. #, etc. # 116		3. Mailing Address PO Box 260 Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33324	Country USA	Zip 33302	Country USA
4. FEI Number 65-0988547		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JURIGA, JONATHAN 417 SOUTHWEST 18TH AVENUE FORT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name JURIGA, JONATHAN, M. Street Address (P.O. Box Number is Not Acceptable) 100 S. PINE ISLAND RD. SUITE 116 City FORT LAUDERDALE FL Zip Code 33324	
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 		PRESIDENT JONATHAN M. JURIGA 3/25/05 DATE	
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	PST JURIGA, JONATHAN M 417 SOUTHWEST 18 AVENUE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST JURIGA, JONATHAN, M. 100 S. PINE ISLAND RD., SUITE # 116 FORT LAUDERDALE, FL 33324 <input checked="" 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
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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: 		PRESIDENT JONATHAN M. JURIGA 3/25/05 954-382-7575 Date Daytime Phone #	