2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DI

FILED Feb 07, 2005 08:00 AM DOCUMENT # P00000047756 **Secretary of State** H. J. G. ENTERPRISES, INC. Principal Place of Business Mailing Address 8700 SW 133RD ST. 8700 SW 133RD ST. **MIAMI FL 33176 MIAMI FL 33176** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-1018090 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDMAN, BRUCE J 2701 LE JEUNE RD., SUITE 404 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. □ Change ☐ Addition TITLE ☐ Delete TITLE GINSBERG, HENRY J NAME NAME U00000217042 02/07/05-80009-009 150.00 8700 SW 133RD ST. STREET ADDRESS STREET ADDRESS MIAM! FL 33176 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition DUE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete THE ☐ Change ☐ AdditIon NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Defete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP City-St-7IP 12. I hereby certify that the information supplied with this filling odes 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 supplimental 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 prediveryor 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 attackment, with an address, with all other like empowered.

02103105