*2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2005 08:00 AM DOCUMENT # P00000077713 **Secretary of State** J & T SALES AND MARKETING CONCEPTS, INC. Principal Place of Business Mailing Address 9061 SW 156TH STREET P.O. BOX 562889 MIAMI, FL 33256 #A227 MIAMI, FL 33157 01222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1031992 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 CORAL WAY 4TH FLOOR MIAMI, FL 33145 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. . Added to Fees OFFICERS AND DIRECTORS 10. TITLE CANTILLO, HUGVER T NAME 9061 SOUTHWEST 156TH STREET UNIT A-227 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 100000297572 PAYES, JUANITA NAME 92/01/05-80050-023 15A.75 9061 SOUTHWEST 156TH STREET UNIT A-227 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 TITLE STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ्यान प्रश्नेत्रः सर्वेत्रः भ्रम्भ स्थानित्रेशः सुक्र alle gebricht ber mirgeniege NAME STREET ADDRESS CITY-ST-ZIP

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.

NING OFFICER OF DIRECTOR

SIGNATURE: