2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 14, 2005
Secretary of State

DOCUMENT# P01000031116

Entity Name: 420 OFFICES CORPORATION

Current Principal Place of Business:

420 SO DIXIE HWY SUITE 4D
CORAL GABLES, FL 33146

New Principal Place of Business:

420 SO DIXIE HWY SUITE 4F
CORAL GABLES, FL 33146

Current Mailing Address:

420 SO DIXIE HWY SUITE 4D
CORAL GABLES, FL 33146

New Mailing Address:

420 SO DIXIE HWY SUITE 4F
CORAL GABLES, FL 33146

FEI Number: 65-1114561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JARP, GEORGE
420 SO DIXIE HWY SUITE 4D
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

JARP, GEORGE
420 SO DIXIE HWY SUITE 4F
CORAL GABLES, FL 33146 US

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.

SIGNATURE: _____ 11/14/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: JARP, GEORGE
Address: 420 SO DIXIE HWY SUITE 4D
City-St-Zip: CORAL GABLES, FL 33146

Title: VS ( ) Delete
Name: JARP, MARILU
Address: 420 SO DIXIE HWY SUITE 4D
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: AMBROS, LUISA
Address: 420 SOUTH DIXIE HIGHWAY #4D
City-St-Zip: CORAL SPRINGS, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: JARP, GEORGE
Address: 420 SO DIXIE HWY SUITE 4F
City-St-Zip: CORAL GABLES, FL 33146

Title: VS (X) Change ( ) Addition
Name: JARP, GEORGE SR.
Address: 420 SO DIXIE HWY SUITE 4F
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Change ( ) Addition
Name: JARP, MARY
Address: 420 SOUTH DIXIE HIGHWAY #4F
City-St-Zip: CORAL SPRINGS, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE JARP P 11/14/2005
Electronic Signature of Signing Officer or Director — Date