2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 02, 2005 08:00 AN Secretary of State DOCUMENT # P01000052623 JOG STATION, INC. Principal Place of Business Mailing Address 12305 S DIXIE HWY 12305 S DIXIE HWY MIAMI, FL 33156 MIAMIL FL 33156 04212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1108250 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORMAN, LENARD H DO NOT WRITE 1320 S DIXIE HWY, PH 1275 CORAL GABLES, FL 33146 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 parasid owner of registered agent and title if applicable (NOTE: Recursered Americ sometime recovered when removement) DATE \$5.00 May Be 9. Election Campaign Financing 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. DPST TITLE FONTECILLA, CARLOS NAME STREET ADDRESS 12305 S DIXIE HWY CITY-ST-ZP MIAMI, FL 33156 VΡ ITILE U00000351576 05/02/05-80151-008 150.00 NAME BEGELMAN, CAROL 12305 S DIXIE HWY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE HAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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:

TILLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #