

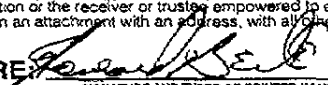


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000078497</b>		
1. Entity Name J. PLAZA INVESTMENTS, INC.		
Principal Place of Business 505 PARK AVENUE NEW YORK, NY 10022		Mailing Address 505 PARK AVENUE C/O LOEB, BLOK & PARTNERS LLP NEW YORK, NY 10022
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04162004 No Chg-P CR2E034 (10/03)
4. FEI Number 58-2842542		Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BERKE, HOWARD 505 PARK AVENUE, 9TH FLOOR NEW YORK, NY 10022	<div>000000161340</div> <div>05/24/04-80004-013 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEIBMAN, DAVID 505 PARK AVENUE, 9TH FLOOR NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SELZER, HERBERT M 505 PARK AVENUE, 9TH FLOOR NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/19/04</u> Daytime Phone # _____