## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OF PRINTER

## Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90333 031 \*\*\*150.00 **DOCUMENT # P01000081948** 1. Entity Name THE J PROJECT, INC. -50038070 Principal Place of Business Mailing Address 1777 POLK STREET, #3-H 20505 EAST COUNTRY CLUB DRIVE PH 38 HOLLYWOOD, FL 33020 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address 520 VAN SUREN ST Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1156481 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JINKUS, DIEGO Street Address (P.O. Box Number is Not Acceptable) 20505 EAST COUNTRY CLUB DRIVE PH 38 AVENTURA, FL 33180 City 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD ☐ Change ☐ Delete TITLE ☐ Addition TITLE JINKUS, DIEGO NAME NAME 20505 EAST COUNTRY CLUB DRIVE PH 38 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP TITLE VΡ ☐ Delete ☐ Change ☐ Addition NUNEZ, EDGARDO R NAME NAME STREET ADDRESS 20505 EAST COUNTRY CLUB DRIVE PH 38 STREET ADDRESS CITY-ST-7IP AVENTURA, FL 33180 CITY ST. 7IP ☐ Change \_ TITLE \_\_ Delete --TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP 12. I hereby certify that the information supplied with this filing does not gualify 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 the 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 empsyered 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 empsyered.

FILED

*305) 975 ^*77*0*0