ANNUAL REPORT

Jan 12, 2004 8:00 am **DOCUMENT # P01000085042 Secretary of State** 1. Entity Name J.O.G. GIRLS INC. 01-12-2004 90024 023 ***150.00 Principal Place of Business Mailing Address 3020 LAKESHORE DR 3020 LAKESHORE DR FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 2. Principal Place of Business 3. Mailing Address 3882 SW 58Th S7 2882 SW 58Th 57 Suite, Apt. #, etc. 01072004 Chg-P CR2E034 (10/03) City & State DANI City & State 4. FEI Number Applied For 65-1133298 No: Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEDUC, REJEAN Street Address (P.O. Box Number is Not Acceptable) 1001 NORTH FEDERAL HIGHWAY SUITE 202 HALLANDALE, FL 33009 City Zio 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, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Delete TITLE Addition Pouriot Joses POULIOT, JOSEE NAME NAME 2882 SW 5874 STREET STREET ADDRESS 3020 LAKESHORE DR STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP DANIA FL 33312 STO STD ☐ Delete Addition TITLE TITLE DION OLIVETTE DION, OLIVETTE NAME NAME 2882 SW 5874 STA STREET ADDRESS 3020 LAKESHORE DR STREET ADDRESS FORT LAUDERDALE, FL 33312 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-7IP: CITY-ST-7IP ☐ Change ■ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 anachment with an address, with all other like empowered.

SIGNATURE:

FILED

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