2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # P01000097169 1. Entity Name B.J.D. PROPERTIES, INC. Principal Place of Business Mailing Address 3501 KEYSER AVENUE TULLA #8 3501 KEYSER AVENUE VILLA #8 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1144393 Not Applicable Zip Country Zip 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 ZIMMERMAN, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 737 EAST ATLANTIC BLVD. POMPANO BEACH FL 33060 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete THEF Change TREITMAN, HOWARD NAME U00000286206 3501 KEYSER AVENUE #8 STREET ADDRESS STREET ADDRESS 04/04/05-80021-001 150.00 CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-7/P Delete ☐ Change TUTILE THEF Addition | TREITMAN, HOWARD NAME NAME STREET ADDRESS 3501 KEYSER AVE #8 STREET ADDRESS CITY - ST - ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Delete Change Addition NAME TREITMAN, HOWARD NAME CURFET ADDRESS STREET ADDRESS 3501 KEYSER AVE #8 CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE TETLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dele Dayting Phone #

with athother like empowered

changed, or on an attachment with an address.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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