2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 18, 2005 08:00 AM DOCUMENT # P01000110120 **Secretary of State** J-SQUARE PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 1100 N E 45TH STREET 1100 N E 45TH STREET FT. LAUDERDALE, FL 33334 FT. LAUDERDALE, FL 33334 02022005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1154963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEUSCHLE, JULIE DO NOT WRITE 1100 N E 45TH STREET FT. LAUDERDALE, FL 33334 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE U00000267888 DEUSCHLE, JULIE NAME 03/18/05-80018-017 150.00 STREET ADDRESS 1100 N E 45TH STREET CITY-ST-ZIP FT. LAUDERDALE, FL. 33334 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

EXCHATURE AND TYPED OR PRINTED NAME OF EIGHING OFFICER OR DIRECTOR

J. DEUSCULE