


***2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000032167 1. Entity Name SJ GOODWIN SERVICES, INC.	
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Principal Place of Business 2880 NORTHEAST 4TH STREET SUITE 908 POMPANO BEACH, FL 33062	Mailing Address 2880 NORTHEAST 4TH STREET SUITE 908 POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3630106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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After May 1, 2005 Fee will be \$550.00	Florida Corporate Excise Tax <input type="checkbox"/> \$5.00 Trust Fund Contribution <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GOODWIN, STUART 2880 NORTHEAST 4TH STREET POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD GOODWIN, JOANNE 2880 NORTHEAST 4TH STREET POMPANO BEACH, FL 33062
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03/19/05-80036-019 150.00

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12. I hereby certify that the information supplied with this filing 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: <u>Stuart Goodwin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3-2-05</u> <small>Date</small>	<u>9547838232</u> <small>Daytime Phone #</small>
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