## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED Jul 13, 2005 08:00 AM Secretary of State

ANNUAL REPURI					Jul 13, 2003 00.00 A			
DOCUMENT # P02000033564  1. Entity Name ST. JOHN VILLAGE, INC.					Se	cretary of	State	
Principal Plac	e of Business	Mailing Address						
300 N.W. 12TH AVENUE 300 N.W. 12TH AVENUE MIAMI, FL 33126 MIAMI, FL 33126				 	. 85117 11811 88111 88111 881	III <b>Natha</b> ili <b>au</b> iling kika dire di	<b>    </b>	
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt	#, etc.	Suite, Apt. #, etc.		06242005	Chg-P	CR2E034 (10/03)		
City & State		City & State			er PPLICABLE	No	pplied For of Applicable	
Zip 	Country	Zip	Country		of Status Desired	S8.75 Add Fee Require		
<del></del>	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F	legistered Agent		
NAMETORA	NO SAL		Name				1	
MARTORANO, SAL 300 NW 12 AVE MIAMI, FL 33128			Street Addres	Address (P.O. Box Number is Not Acceptable)				
			City		<del></del>	FL Zip Cod	e	
	named entity submits this statement to lons of registered agent.	r the purpose of changing its	registered office or regis	stered agent, or bo	th, in the State of Fl	orida. I am familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and the if applicable (NOTE	Registered Agent signature requ	uired when reinstating)		DATE		
FILE NOW!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Financing Trust Fund Contribution.				55.00 May Be Added to Fees	In accordance corporation did	with s. 607.193(2)(b), not receive the prior t	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	PD	☐ Delete	TITLE			☐ Change	Addition	
NAME	DOMINGUEZ, AGUSTIN		NAME		HOOOO	03726 <b>28</b>	ļ	
STREET ADDRESS	300 NW 12_AVE		STREET ADDRESS		07/12/05	-80011-007 19	to an i	
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP		01717703	00011 001 10	70.00	
TITLE	ST	Delete	TITLE			☐ Change	Addition	
NAME	MARTORANO, SAL		NAME STREET ADDRESS				ļ	
STREET ADDRESS CITY-ST-ZIP	300 NW 12 AVE	-	CITY-ST-ZIP					
	MIAMI, FL 33128			·		Change	☐ Addition	
TITLE	REVALES, RONALD	☐ Delete	TITLE NAME			Change		
NAME STREET ADDRESS	300 NW 12 AVE		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33128	· <del>-</del>	CITY-ST-ZIP				]	
TITLE	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME				1	
STREET ADDRESS			STREET ADDRESS				1	
CITY-ST-ZIP		<del>,</del>	CITY-ST-ZIP					
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NAME STREET ADDRESS			NAME STREET ADDRESS				ļ	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME		المام الم	NAME					
STREET ADDRESS			STREET ADDRESS				ļ	
CITY - ST - ZIP	<u> </u>		CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or transpace emport or on a trackment with an address.	this filing does not qualify for true and accurate and that movement to execute this report	the exemption stated in ny signature shall have the as required by Chapter	Section 119.07(3) he same legal effer 607, Florida Statut	(i), Florida Statutes, of as if made under es; and that my name	I further certify that the in oath, that I am an officer the appears in Block 10 o	nformation or director r Block 11 if	
chanced	or on an attachment with an eddress V	with all other like empowered						