2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2005 08:00 AM Secretary of State **DOCUMENT # P02000052797** I. Entity Name JEFFERSON INVESTMENT CORP. Mailing Address Principal Place of Business 557 MERIDIAN AVENUE 557 MERIDIAN AVENUE MIAMI BEACH, FL 33139 - MIAMI BEACH, FL 33139 02052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2385837 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HOSSAIN, MOHAMMED S 8355 ALLISON ROAD MIAMI BEACH, FL 33141 IN THIS SPACE 3. 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 accep the obligations of registered agent. **3IGNATURE** DATE 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 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD m.È 03/23/05-90034-008 150.00 HOSSAIN, MOHAMMED S JAME 6355 ALLISON ROAD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 TTI F JAME STREET ADDRESS DITY - ST - ZIP THE JAME STREET ADDRESS DO NOT WRITE JITY-ST-ZIP IN THIS SPACE 771 F JAME STREET ADDRESS JITY-ST-ZIP TILE IAME STREET ADDRESS OTTY-ST-ZIP

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 of riusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 i changed, or on an attachyfient with an appress, withfull other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
STY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMMED HOSSAIN

Daytime Phone #