2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: '

BONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # P02000053752 1. Entity Name GWJV, INC. Principal Place of Business Mailing Address FEB 1 4 2005 120 NE 4TH STREET FORT LAUDERDALE FL 33301 120 NE 4TH STREET FORT LAUDERDALE FL 33301 " ER 1 4 2005 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 65-1174400 Not Applicable Zip Country Ζip 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 RICHARDSON, GEX F Street Address (P.O. Box Number is Not Acceptable) 120 NE 4TH STREET FORT LAUDERDALE FL 33301 City Zip Code FL 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 regured when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D. P TITLE Delete THE ☐ Change Addition WRIGHT, GLENN JR NAME NAME STREET ADDRESS 120 NE 4TH STREET STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-7IP CITY-ST-ZIP D. V Delete TITLE Change ☐ Addition U00000317241 04/20/05-80010-025 150.00 NAME WRIGHT, PATRICIA K NAME STREET ADDRESS 120 NE 4TH STREET SUBSET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-7IP TITLE Delete uueAddition Change NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CitY-St-ZIP HILE ☐ Delete ППE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CATY-ST-7/P 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 1 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.

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