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Secretary of State

03-10-2005 90142 041 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000113266

1. Entity Name
JORGE R. TABUSH, INC.

400029960

03012005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
20533 BISCAYNE BLVD STE #339-B AVENTURA, FL 33180	20533 BISCAYNE BLVD STE #339-B AVENTURA, FL 33180

2. Principal Place of Business	3. Mailing Address
21213 Biscayne Blvd.	21213 Biscayne Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country:	Zip: 33180 Country:

4. FEI Number: 51-0435365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD 43RD FLOOR MIAMI, FL 33131	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TABUSH, JORGE R ~~20533 BISCAYNE BLVD STE #339-B~~ AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	21213 Biscayne Blvd. Aventura, FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TABUSH, OLGA C ~~20533 BISCAYNE BLVD STE #339-B~~ AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	21213 Biscayne Blvd. Aventura, FL 33180	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: JORGE R. TABUSH 3/5/05 305-792-9987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #