

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002982

FILED
Apr 17, 2005
Secretary of State

Entity Name: CJS II INVESTMENT PROPERTIES, INC.

Current Principal Place of Business:

444 BRICKELL AVENUE
SUITE 601
MIAMI, FL 33131 US

New Principal Place of Business:

444 BRICKELL AVENUE
SUITE 451
MIAMI, FL 33131 US

Current Mailing Address:

444 BRICKELL AVENUE
SUITE 601
MIAMI, FL 33131 US

New Mailing Address:

444 BRICKELL AVENUE
SUITE 451
MIAMI, FL 33131 US

FEI Number: 59-3763415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAW, CARY
444 BRICKELL AVENUE
SUITE 601
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SHAW, CARY
444 BRICKELL AVENUE
SUITE 451
MIAMI, FL 33131 US

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.

SIGNATURE:

04/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SHAW, CARY
Address: 444 BRICKELL AVENUE, SUITE 601
City-St-Zip: MIAMI, FL 33131 US

Title: VS () Delete
Name: SHAW, JULIE
Address: 444 BRICKELL AVENUE, SUITE 601
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: SHAW, CARY
Address: 3300 N. 34 STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VS (X) Change () Addition
Name: SHAW, JULIE
Address: 3300 N. 34 STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARY SHAW

PRES

04/17/2005

Electronic Signature of Signing Officer or Director

Date