

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90053 027 ***150.00

DOCUMENT # P03000027665 1. Entity Name JODANSI MANAGEMENT, INC.					
Principal Place of Business 1150 NW 72ND AVE - STE. 500 MIAMI, FL 33126 US			Mailing Address 1150 NW 72ND AVE - STE. 500 MIAMI, FL 33126 US		
2. Principal Place of Business 1150 NW 72 Ave Suite, Apt. #, etc. Ste. 620 City & State Miami, Florida Zip 33126		3. Mailing Address 1150 NW 72 Ave Suite, Apt. #, etc. Ste. 620 City & State Miami, Florida Zip 33126			
City Ug		Country US		01242005 Chg-P CR2E034 (10/03)	
4. FEI Number 04-3745943				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PEREZ, JOSEPH H 1150 NW 72ND AVE - STE. 500 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Perez, Joseph H Street Address (P.O. Box Number is Not Acceptable) 1150 NW 72nd Ave Ste 620 City Miami		
			State FL		
			Zip Code 33126		
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  Joseph H. Perez 03/23/2005 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PEREZ, JOSEPH H 1150 NW 72ND AVE - STE. 500 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Perez, Joseph H. 1150 NW 72nd Ave, Ste. 620 Miami, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Joseph H. Perez 03/23/2005 305.994.9494 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					