

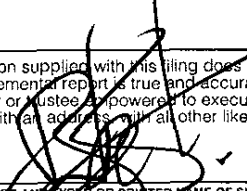


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90674 015 ***150.00

DOCUMENT # P03000073244 1. Entity Name JAMES & STREET GP, INC.					
Principal Place of Business 321 E BROWARD BLVD DEERFIELD BEACH, FL 33441			Mailing Address 321 E BROWARD BLVD DEERFIELD BEACH, FL 33441		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent STREET, BRIAN 321 E BROWARD BLVD DEERFIELD BEACH, FL 33441				7. Name and Address of New Registered Agent Name TED STOTZER Street Address (P.O. Box Number is Not Acceptable) 321 E HILLSBORO BLVD City DEERFIELD BEACH FL Zip Code 33441	
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  (NOTE: Registered Agent signature required when reinstalling) DATE 3/30/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET, BRIAN 321 E BROWARD BLVD DEERFIELD BEACH FL 33441			STREET, BRIAN 321 E HILLSBORO BLVD DEERFIELD BEACH FL 33441		
COHEN, JAMES 321 E BROWARD BLVD DEERFIELD BEACH FL 33441			COHEN, JAMES 321 E HILLSBORO BLVD DEERFIELD BEACH FL 33441		
SCHOCKET, JEFFREY 321 E BROWARD BLVD DEERFIELD BEACH FL 33441			SCHOCKET, JEFFREY 321 E HILLSBORO BLVD DEERFIELD BEACH FL 33441		
(Empty row)			(Empty row)		
(Empty row)			(Empty row)		
(Empty row)			(Empty row)		
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: 			Date 4-8-04 Daytime Phone # 954-418-0208		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					