2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90265 019 ***150.00

DOCUMENT # P03000074186

1. Entity Name
GAIL A. JONAS INC.

Principal Place of Business	Mailing Address
14555 SW 161 PLACE MIAMI, FL 33196	14555 SW 161 PLACE MIAMI, FL 33196

20041032

04152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2304 NE 37th TeR		2304 NE 37 Ter	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HOMestead, FL.		City & State: HOMestead, FL.	
Zip: 33033	Country: US	Zip: 33033	Country: US

4. FEI Number: 45-0518479 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONAS, GAIL A
14555 SW 161 PLACE
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name: GAIL A. JONAS
Street Address (P.O. Box Number is Not Acceptable): 2304 NE 37 TeR
City: HOMestead FL Zip Code: 33033

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: Gail A. Jonas — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/20/05

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: PD NAME: JONAS, GAIL A STREET ADDRESS: 14555 SW 161 PLACE CITY-ST-ZIP: MIAMI, FL 33196	☐ Delete	TITLE NAME STREET ADDRESS: 2304 NE 37 Ter CITY-ST-ZIP: HoMestead, FL 33033	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Gail A. Jonas — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/20/05 — Daytime Phone #: 305-247-5746