

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90045 027 ***150.00

DOCUMENT # P03000077940					
1. Entity Name GJS PROPERTY INVESTMENTS, INC.					
Principal Place of Business 4610 NW 5TH TERRACE BOCA RATON, FL 33431			Mailing Address 4610 NW 5TH TERRACE BOCA RATON, FL 33431		
2. Principal Place of Business 497 NW 14th St.		3. Mailing Address 497 NW 14th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 20-0089745	
Zip 33432		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SRABIAN, GREGORY 4610 NW 5TH TERRACE BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name: Srabian, Gregory Street Address (P.O. Box Number is Not Acceptable): 497 NW 14th St City: Boca Raton FL Zip Code: 33431		
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: DATE: 3/11/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P, S NAME SRABIAN, GREGORY STREET ADDRESS 4610 NW 5TH TERRACE CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE P, S NAME Srabian, GREGORY STREET ADDRESS 497 NW 14th Street CITY-ST-ZIP Boca Raton FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP, T NAME SRABIAN, JENNIFER STREET ADDRESS 4610 NW 5TH TERRACE CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE VP, T NAME SRABIAN, JENNIFER STREET ADDRESS 497 NW 14th Street CITY-ST-ZIP Boca RATON, FL 33432	<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	
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:			3/11/2004 561-391-7060		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		