2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Jan 18, 2005 08:00 AM DOCUMENT # P03000087134 **Secretary of State** 1. Entity Name JOHN JIMENEZ PROPERTIES, INC. Principal Place of Business _____ Mailing Address 900 E. OCEAN 900 E. OCEAN **UNIT 204 UNIT 204** STUART, FL 34994 STUART, FL 34994 No Chg-P 01112005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 39-0018795 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent JIMENEZ, JOHN DO NOT WRITE 900 E. OCEAN **UNIT 204** IN THIS SPACE STUART, FL 34994 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. (NOTE Registered Agent signature required when reinstating) U00000182765 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 01/19/05-80040-017 150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE D NAME JIMENEZ, JOHN STREET ADDRESS 900 E. OCEAN, UNIT 204 CITY-ST-ZIP STUART, FL 34994 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 witry an address, with all other like empowered.

ER OR DIRECTOR

FILED

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