2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 7/29/2005-90011-021-\$150.00-\$150.00 DOCUMENT # P03000118640 FILED JONAM PASCAL ASSOCIATES, INC. 05 AUG 24 PH 12: 33 Principal Place of Business Mailing Address 343 SALVADOR DRIVE PUNTA GORDA FL 33983 343 SALVADOR DRIVE PUNTA GORDA FL 33983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. same Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 32-0095321 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PASCAL, JONAM 21248 DEARBORN AVE. Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE FL 33954 City Corda 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 Sgrad a posted name of (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$ \$50.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE ☐ Delete TITLE PASCAL, JONAM NAME NAME 343 SALVADOR DRIVE STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33983 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP Delete TITLE Hitt Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-SI ZIP CITY-ST-78P TITLE Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addilion NAME MAME STREET ADDRESS STREET ADORESS. CITY-ST-21P CITY-ST-ZP BJTEE TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3χl), 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 each; 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.

105Ca

ATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Dear. Division of corporation

I Jonam Pascal have not received the annual report notice. I taught that were the regular filing which on time, I never knew the first filing or letter. please waiver \$400.00 late fee. please thank you

Jonam Pascal