2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000073272 03-16-2005 90042 002 ***150.00 JOCIEMINT, INC. Principal Place of Business Mailing Address 20021299 1930 HARRISON ST., SUITE 204 1930 HARRISON ST., SUITE 204 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042005 Chg-P CR2E034 (10/03) 575. 503 5 te. 503 City & State City & State 4. FEI Number Applied For Not Applicable 20-1334111 \$8.75 Additional Zip Country 5.-Certificate of Status Desired ___ [] 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOCHSZTEIN, FRED Street Address (P.O. Box Number is Not Acceptable) 1930 HARRISON ST., SUITE 204 HOLLYWOOD, FL 33020 Zip Code City FL 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 Synusire, typod or printed name of registered agent and like thanpicipable DATE (NOTE: Registered Agent signature required when reresisting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD Change TITLE TOTE ☐ Defete NAME MINTZ, JERRY NAME STREET ADDRESS 1930 HARRISON ST., SUITE 204 STREET ADDRESS EUZ 372,72 GOZINBAH OEPI HOLLYWOOD, FL 33020 CITY-ST-7/P CITY-ST-ZIP TITLE X Change noitinbA 🔲 ☐ Delete TITLE HOCHSZTEIN, FRED NAME NAME STREET ADDRESS 1930 HARRISON ST., SUITE 204 STREET ADDRESS. 602-572 12 402 19,20H OF PI CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TIT! E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Dotelo TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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 it changed, or on an attachment with an address, with all other like empowered.

JERRY MINTS

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 16, 2005 8:00 am

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