
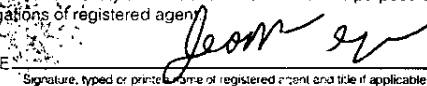
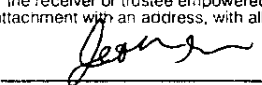


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90016 014 ***550.00

DOCUMENT # P04000075933 1. Entity Name OJOG, INC.																																					
Principal Place of Business 2787 EAST OAKLAND PARK BLVD., STE. 202 FT. LAUDERDALE, FL 33306			Mailing Address 2787 EAST OAKLAND PARK BLVD., STE. 202 FT. LAUDERDALE, FL 33306																																		
2. Principal Place of Business 2700 W. Cypress Creek Road		3. Mailing Address 2700 W. Cypress Creek Road																																			
Suite, Apt. #, etc. D-130		Suite, Apt. #, etc. D-130																																			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL																																			
Zip 33309		Country Broward		4. FEI Number 54-2155784																																	
Zip 33309		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent TEPPS, JEROME L 2787 EAST OAKLAND PARK BLVD., STE. 202 FT. LAUDERDALE, FL 33306				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2700 W. Cypress Creek Road; Suite D-130 City Ft. Lauderdale FL Zip Code 33309																																	
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:  Jerome L. Teppis 8-30-05 <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 \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> D <input type="checkbox"/> Delete TEPPS, JEROME L. 2787 EAST OAKLAND PARK BLVD., STE. 202 FT. LAUDERDALE, FL 33306 </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 2700 W. Cypress Creek Road; #D-130 Ft. Lauderdale, FL 33309 </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TEPPS, JEROME L. 2787 EAST OAKLAND PARK BLVD., STE. 202 FT. LAUDERDALE, FL 33306	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2700 W. Cypress Creek Road; #D-130 Ft. Lauderdale, FL 33309	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	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
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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:  Jerome L. Teppis 8-30-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					
(954) 968-3500				Date Daytime Phone #																																	

50064751



08302005 Chg-P CR2E034 (10/03)