

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90240 014 \*\*\*150.00

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04042005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000096248</b> 1. Entity Name <b>JERSEY PROPERTIES, INC.</b>					
Principal Place of Business <b>515 SEA BREEZE BLVD. SUITE 304 FORT LAUDERDALE, FL 33316 US</b>			Mailing Address <b>515 SEA BREEZE BLVD. SUITE 304 FORT LAUDERDALE, FL 33316 US</b>		
2. Principal Place of Business <b>115 NW 167 STREET</b>		3. Mailing Address <b>115 NW 167 STREET</b>			
Suite, Apt. #, etc. <b>2nd FL</b>		Suite, Apt. #, etc. <b>2nd FL</b>			
City & State <b>NORTH MIAMI BEACH, FL</b>		City & State <b>NORTH MIAMI BEACH, FL</b>		4. FEI Number <b>20-1283634</b>	
Zip <b>33169</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KENNETH J. DUNN P.A. 18780 CAPE SABLE DR. BOCA RATON, FL 33498</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS SANTIAGO, EVELYN 115 NW 167 STREET, 2nd FL NORTH MIAMI BEACH, FL 33169</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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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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.					
<b>SIGNATURE: <i>Evelyn Santiago</i> EVELYN SANTIAGO 4/27/05 305-653-0700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					