2005 FOR PROFIT CORPORATION ANNUAL REPGR

May 03, 2005 8:00 am Secretary of State **DOCUMENT # P04000144576** 05-03-2005 90075 004 ***150.00 JJ& J CALDWELL PROPERTIES, INC. Principal Place of Business Mailing Address 20010001 17931 NW771HCCUFT 17931 NW771H00JFT HALEAH FL 33015 HALEAH FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282005 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEi Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CALDWELL, JOHN M Street Address (P.O. Box Number is Not Acceptable) 17931 NW 77TH COURT HIALEAH, FL 33015 City Zip Coda 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. Signature, repet or printed name of regelered agent und too 9 applicable. (NOTE, Registered Agent signature required when reunclating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. V. PRESIDENT mile John M. Caldwell Delete DHE ☐ Change ■ Addition 17931 NW 77-CT NAME STREET ADORESS STREET ADDRESS FL 33015 HIALEAH CITY ST 21 CITY ST ZIP TITLE ☐ Delale mu ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS Cary-St-ZP CHY- \$1-20P HILE _ □ Delete mif Addition HAME NAME. STREET ADDRESS STITLE ADDRESS CHY-ST-749 CITY: SI- ZIP TITLE Delete ☐ Change ☐ Addition DAY MAI STREET ADDRESS SINGE! ADDRESS CUY-ST-ZP CITY- ST- ZIP THLE ☐ Detete THE Change Addition HAM(HALF SHIFFT ADDRESS STREET ADORESS CITY-ST-ZIP CUY-ST-7/P BILL ☐ Delete BHLL ☐ Change Addition

FILED

I hereby 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer 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 the corporation.

STREET ARRESS

CITY - ST - ZIP

NAME

SIGNATURE:

NAME

CHARLIAGENESS

CITY-ST-Z#P