


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
07-06-2005 90034.043 \*\*\*150.00  
P95000028739

05 JUL 26 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # P95000028739</b>  |   |   |   |   |  |
| 1. Entity Name<br>JAY-MALL & PLAZAS, INC.   |   |   |   |  |  |
| Principal Place of Business<br>525 E 72 STREET<br>14F<br>NEW YORK, NY 10021   |   |   | Mailing Address<br>525 E 72 STREET<br>14F<br>NEW YORK, NY 10021 |  |  |
| 2. Principal Place of Business  |   |   | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.   |   |   | Suite, Apt. #, etc.   |  |  |
| City & State  |   |   | City & State  |  |  |
| Zip   | Country   | Zip   | Country   | 4. FEI Number<br>65-0627041  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |   | Applied For<br>Not Applicable  |  |
| 8. Name and Address of Current Registered Agent<br>PIRINCCI, JEMAL<br>301 174 ST<br>914<br>SUNNY ISLES, FL 33160  |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 renewing) DATE: _____  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be<br>Added to Fees   |  |
| In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice.   |   |   |   |  |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>PIRINCCI, JEMAL<br>525 E 72 STREET<br>NEW YORK, NY 10021 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |   |   |  |  |
| SIGNATURE: _____<br>Date: _____ Daytime Phone: _____  |   |   |   |  |  |

K. Eder JUL 26 2005



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