2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90358 047 ***150.00

DOCUMENT # P95000082837

1. Entity Name
H.T.J., CORP.

Principal Place of Business	Mailing Address
9130 S DADELAND BLVD. 1218 MIAMI, FL 33156	9130 S DADELAND BLVD. 1218 MIAMI, FL 33156

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01262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7035 Beracasa Way	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton - FL	City & State
Zip: 33433 Country: USA	Zip Country

4. FEI Number: 65-0623687 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLICK, JOSEPH A
9703 S. DIXIE HIGHWAY
SUITE 1
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 9130 S. Dadeland Blvd. Suite 1218
City: Miami FL Zip Code: 33156

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLICK, JOSEPH A 9703 S. DIXIE HWY SUITE 1 MIAMI, FL 33156 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition D Glick, Joseph A 9130 S. Dadeland Blvd #1218 Miami - Florida 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4-18-05 305-668-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #