2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 21, 2005 08:00 AM Secretary of State DOCUMENT # P96000101234 1. Entity Name J.G.H. HOLDINGS II, INC. Principal Place of Business Mailing Address 10700 SW 48 STREET 10700 SW 48 STREET COOPER CITY, FL 33328 COOPER CITY, FL 33328 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0860207 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALBERTINE, MICHAEL O DO NOT WRITE 2200 W COMMERCIAL BLVD STE 301 FT LAUDERDALE, FL 33309 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE 000000189518 01/24/05-80095-014 150.00 DELGADO, HERMINIO NAME STREET ADDRESS 10700 SW 48 STREET COOPER CITY, FL 33328 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED