## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 FEB 11 PM 2: 19 **DOCUMENT # P97000034124** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Entity Name J.T. BUSINESS CO. Principal Place of Business Mailing Address 3600 N.W. 37 COURT 3600 N.W. 37 COURT MIAMI, FL 33142 MIAMI, FL 33142 No Chg-P CR2E034 (10/03) 02072005 DO NOT WRITE IN THIS SPACE Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EISENBERG, L DO NOT WRITE 3600 N.W. 37 COURT MIAMI, FL 33142 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. . . . . TITLE D EISENBERG, L NAME STREET ADDRESS 3600 N.W. 37 COURT MIAMI, FL 33142 CITY-ST-ZIP 000047870990 TITLE 03/08/05--01009--003 \*\*500.00 NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

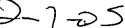
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or spplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reference or true 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 any address, with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR



Daytime Phone #

FILED