


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000039740

1. Entity Name
J-3 CUB CORPORATION



Principal Place of Business Mailing Address

9911 WEST BROADVIEW DRIVE **P.O. BOX 54-6530**
BAY HARBOR ISLANDS, FL 33154 US **SURFSIDE, FL 33154 US**

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0804756 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NELSON, THEODORE R
9911 WEST BROADVIEW DRIVE
BAY HARBOR ISLANDS, FL 33154

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

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

| | |
|----------------|------------------------------|
| TITLE | P |
| NAME | CIPRIANI, MARISE |
| STREET ADDRESS | 855 TIMBER LN |
| CITY-ST-ZIP | BOULDER, CO 80304 |
| TITLE | S |
| NAME | NELSON, THEODORE |
| STREET ADDRESS | 9911 WEST BROADVIEW DRIVE |
| CITY-ST-ZIP | BAY HARBOR ISLANDS, FL 33154 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/03/05-80010-021 150.00

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: *Neil Nelson Sec'y. Treasurer & Nelson 305 868 0887*

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