## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  10.  OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS	DOCUMENT # P97000065227  1. Entity Name JRJ ASSOCIATES, INC.						04-29-2005 90261 047 ***150.00				
Sulfie, Apt. #, etc.    Sulfie, Apt. #, etc.   Sulfie, Apt. #, etc.   Q222005   Chg.P   CR26034 (10/03)	5728 MAJOR BLVD SUITE 601 5728 MAJOR BI										
City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Sign: State   Section   Sec	2. Principal Place of Business		3. Mailing Address								
Signature   Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.				02222005	Chg-P	CR2E0	34 (10/03)	
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  10.  OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS	City & State		City & State							<del></del>	oplied For
Name    Name   Stroot Address (P.O. Box Number is Not Acceptable)	Zip Cou	intry	Zip	Country			5. Certificate	of Status Desired		\$8.75 Add	ditional
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Numbe	6. Name and A	ddress of Current Regis	stered Agent				7. Name and	Address of New R	egistered A	gent	
STREET ADDRESS ORLANDO, FL 32819  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  City  FL  Zip Code  City					Name						
B. 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 accelerate the obligations of registered agent.  SIGNATURE  Sprature. The control or oriented name of registered agent and tole if accelerable.  INDITE Registered Agent segniture required when revisative)  PILLE NOWILIT FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  INTE  CD  NAME  KHOURI, ZAHI W  5728 MAJOR BLVD SUITE 601  ORLANDO, FL 32819  TITLE  DPST  KHATIB, RASHID A  STREET ADDRESS  CITY-ST-2P  ORLANDO, FL 32819  TITLE  D GRANDO, FL 32819  TITLE  D MAME  STREET ADDRESS  CITY-ST-2P  TITLE  D MAGIN  MAME  STREET ADDRESS  CITY-ST-2P  TITLE  D MAGIN  MALI, JESSE I  TABLE TORRESS  CITY-ST-2P  D Defele  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  TITLE  D MAGIN  MALI, JESSE I  TABLE TORRESS  CITY-ST-2P  TREE TADDRESS  CITY-ST-2P  TITLE  MAGIN  MALI, JESSE I  TABLE TADDRESS  CITY-ST-2P  TITLE  MAGIN  TITLE  MAGIN  MALI, JESSE I  TABLE TADDRESS  CITY-ST-2P  TITLE  MAGIN  TITLE  MAGIN  MALI  TITLE  MAGIN  TITLE  MAGIN  TITLE  MAGIN  THE TADDRESS  CITY-ST-2P  TITLE  THE TADDRESS  CITY-ST-2P  TITLE  THE TADDRESS  CITY-ST-2P  TITLE  THE TADDRESS  CITY-ST-2P  THE TADDRESS  CITY-ST	5728 MAJOR BLVD SUITE 601			Street Address (P.O. Box Number is Not Acceptable)							
SIGNATURE     Square, 100ed or priviled name of registered agent and 100 if accidation.   (NOTE: Registered Agent spinature required when rematation)   DATE					City				FL	Zip Cod	Ð
Suppose the product of registered agent and the fl acokcubic   Charge   Change   C	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.										
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  III.E   CD   KHOURI, ZAHI W   Delete   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CITY-SI-ZIP    III.E   DPST   Delete   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CITY-SI-ZIP    III.E   D   Delete   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CITY-SI-ZIP    III.E   D   Delete   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CITY-SI-ZIP    III.E   D   DRIANDO, FL 32819   CITY-SI-ZIP    III.E   D   DRIANDO, FL 32819   CITY-SI-ZIP    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CITY-SI-ZIP    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CITY-SI-ZIP    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CITY-SI-ZIP    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   STREET ADDRESS   CITY-SI-ZIP   ORLANDO, FL 32819   CHANGE    III.E   MAME   MA	SIGNATURE  Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
TITLE MAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819  TITLE MAME STREET ADDRESS CITY-ST-ZIP  D Maalli, Bassel 7582 W Sand Lake Road Orlando, FL 32819  CITY-ST-ZIP Change Addit MAME STREET ADDRESS CITY-ST-ZIP  CHANDO, FL 32819  CITY-ST-ZIP  D Maalli, Bassel 7582 W Sand Lake Road Orlando, FL 32819  CITY-ST-ZIP Change Addit MAME STREET ADDRESS CITY-ST-ZIP Change Addit MAME STREET ADDRESS CITY-ST-ZIP Change Change Addit MAME STREET ADDRESS CITY-ST-ZIP Change Change Addit MAME STREET ADDRESS CITY-ST-ZIP CHANDOW CITY-ST-ZIP C	FILE ROWS FEE 13 \$150.00										
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819  TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET A	10.	OFFICERS AND DIREC	CTORS	11.			ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
NAME   STREET ADDRESS   CITY-ST-ZIP   Change   STREET ADDRESS   CITY-ST-ZIP   CTANGE   STREET ADDRESS   CITY-ST-ZIP   CTANGE   STREET ADDRESS   CITY-ST-ZIP   CTANGE   CTANG	TITLE CD		☐ Delete	TITLE		D					☐ Addition
MAME SIREET ADDRESS CITY-ST-ZIP  TITLE D JEBAILEY, JOSEPH 7594 W. SAND LAKE ROAD ORLANDO, FL 32819  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS	STREET ADDRESS 5728 MAJOR BI	LVD SUITE 601		STRE	ET ADORESS	_				••	_
NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADR	NAME KHATIB, RASHI STREET ADDRESS 5728 MAJOR BI	LVD SUITE 601	☐ Delete	NAM! STRE!	ET ADDRESS					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  D Maali, Bassel 7582 W Sand Lake Road Orlando, FL 32819  Change  Addition Orlando, FL 32819  Change  Addition Addition STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME JEBAILEY, JOS STREET ADDRESS 7594 W. SAND	LAKE ROAD	☐ Delete	NAME STREE	ET ADDRESS					☐ Change	Addition
NAME SIREET ADDRESS CITY-ST-ZIP  Maali, Bassel 7582 W Sand Lake Road Orlando, FL 32819  Change Addition	NAME MAALI, JESSE 7582 W. SAND	LAKE ROAD	🙀 Delete	NAME STREE	ET ADDRESS					☐ Change	☐ Addition
NAME STREET ADDRESS Change Addition NAME STREET ADDRESS	NAME STREET ADDRESS		□ Defete	NAME STREE	ET ADDRESS	Maa 7582	2 W Sar	ıd Lake I	Road	☐ Change	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	NAME Street address City-St-Zip			NAME STREE CITY-	T ADDRESS ST-ZIP						☐ Addition

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 eath; 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 jike empowered.

SIG		<b>T</b> 11	
- NH -	NA		H

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR