2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2005 08:00 AM DOCUMENT # P98000000059 **Secretary of State** GO JOE PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 8703 BISCAYNE BLVD 8703 BISCAYNE BLVD MIAMI SHORES, FL 33138 MIAMI SHORES, FL 33138 No Chg-P 01162005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0806068 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Remired 5. Name and Address of Current Registered Agent KELLEY, CHRISTOPHER P DO NOT WRITE 11098 BISCAYNE BLVD, SUITE 205 MIAMI, FL 33161 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 reinstituting) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE U00000186451 01/21/05-80053-018 150.00 **OYARZUN, GEORGE** NAME STREET ADDRESS 8703 BISCAYNE BLVD CITY-ST-ZIP MIAMI SHORES, FL 33138 D TITLE MIER, JOSE MARK STREET ADDRESS 8703 BISCAYNE BLVD CITY-ST-ZIP MIAMI SHORES, FL 33138 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-7/P 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NO TYPES OR SHINTED NAME OF SIGNING OFFICER OR DIRECTOR

DiRector

1/7/05 305-754-0002

FILED