2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AN Secretary of State DOCUMENT # P98000091680 JAY C. WHOLESALE SALES, INC. Mailing Address Principal Place of Business 7021 AYRSHIRE LN 898 DOLORES BOCA RATON, FL 33496 SAN FRANCISO, CA 94110 01132005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 94-3312506 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent COHEN, PHILLIP 7021 AYRSHIRE LN. BOCA RATON, FL 33496 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 princed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE COHEN, JAY NAME STREET ADDRESS 898 DOLORES SAN FRANCISO, CA 94110 CRY-ST-ZIP U00000354453 05/03/05-80107-022 150.00 TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 of 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: SIGNATURE AND DROPD MOVEMBED NAME OF SIGNATURE OF SIGNATURE OF DIRECTOR

FILED