2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachmen

SIGNATURE:

FILED Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # P99000002074 1. Entity Name JENNIFER R. GOLDSTEIN CORPORATION Principal Place of Business Mailing Address 7750 S.W. 106 TERRACE 7750 S.W. 106 TERRACE MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 65-0886168 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Destred Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDSTEIN, DANIEL A 250 BIRD ROAD, STE 302 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33146 Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE ☐ Delete THE Change Change ☐ Addition GOLDSTEIN, JENNIFER R NAME NAME STREET ADDRESS 7750 S.W. 106 TERRACE STREET ADDRESS MIAMI FL 33156 CITY - ST - ZIP UTY-ST-ZIP HILE ☐ Delete TITLE Change ☐ Addition U00000326953 04/25/05-80018-013 150.00 NAM NAME STREET ADDRESS STREET ADDRESS CHY SI-70 COTY-ST-7IP Illu ☐ Delete TITLE ☐ Change ☐ Addition IMAM NAME STREET ADDRESS STREELADDRESS CITY-ST-ZIP CITY-ST-7(P DILE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STAFFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Cefefe Change ☐ Addition NAME NAME STREET ADDRESS SHREET ADDRESS CITY-ST-ZIP CHY ST-7P ☐ Delete TITLE Addition 1011 Change NAME NAME STREET ADDRESS STREFT 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)(f), 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 employered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

NAME OF SIGNING OFFICER OR DIRECTOR

JENNIFER R. GOLDSTEN COPP. 4.21.05