
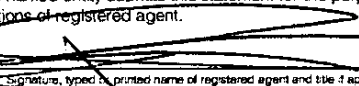
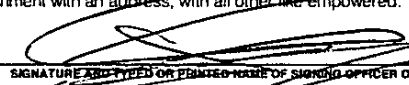


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90303 033 ***150.00

DOCUMENT # P99000033846 1. Entity Name J & G MORTGAGE ASSOCIATES INC.					
Principal Place of Business 7501 W. OAKLAND PK BLVD. 301 FORT LAUDERDALE, FL 33319			Mailing Address 7501 W. OAKLAND PK BLVD. 301 FORT LAUDERDALE, FL 33319		
2. Principal Place of Business 7481 W. OAKLAND PK. BLVD. Suite, Apt. #, etc. Suite 203 City & State FT. LAUDERDALE, FL. Zip 33319		3. Mailing Address 7481 W. OAKLAND PK. BLVD. Suite, Apt. #, etc. Suite 203 City & State FT. LAUDERDALE, FL. Zip 33319			
Country USA		Country USA			
4. FEI Number 65-0914906			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PICONE, JOSEPH 7501 W. OAKLAND PK BLVD. SUITE 301 FORT LAUDERDALE, FL 33319			7. Name and Address of New Registered Agent Name PICONE, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 7481 W. OAKLAND PARK BLVD Suite # 203 City FT. LAUDERDALE FL Zip Code 33319		
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  JOSEPH C. PICONE President 4-20-05 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PICONE, JOSEPH 7501 W. OAKLAND PARK BLVD. #301 FORT LAUDERDALE, FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7481 W. OAKLAND PK. BLVD. #203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VTS SHIPMAN, GARY 7501 W. OAKLAND PARK BLVD. #301 FORT LAUDERDALE, FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7481 W. OAKLAND PK. BLVD. #203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  JOSEPH C. PICONE 4-20-05 954-578-3223 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50042416



04192005 Chg-P CR2E034 (10/03)