

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90149 014 ***150.00

DOCUMENT # P99000065510 1. Entity Name THE JT BUTWIN MANAGEMENT CORPORATION			
Principal Place of Business 7700 CONGRESS AVE #3203 BOCA RATON, FL 33487		Mailing Address 7700 CONGRESS AVE #3203 BOCA RATON, FL 33487	
2. Principal Place of Business 3540 Forest Hill Blvd Suite, Apt. #, etc. 203		3. Mailing Address 3540 Forest Hill Blvd Suite, Apt. #, etc. 203	
City & State W Palm Bch Fl Zip 33406 Country USA		City & State W Palm Bch Fl Zip 33406 Country USA	
4. FEI Number 65-0936407		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 BUTWIN, JEROME T 7700 CONGRESS AVE #3203 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17027 Northway Circle City Boca Raton FL Zip Code 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	PD BUTWIN, JEROME T 7700 CONGRESS AVE #3203 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17027 Northway Circle Boca Raton Fl 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUTWIN, FRANCINE B 7700 CONGRESS AVE #3203 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17027 Northway Circle Boca Raton Fl 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DENTRY, DEBORAH A 3540 FOREST HILL BOULEVARD #203 WEST PALM BEACH, FL 33406	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: <i>Deborah A Dentry</i> Deborah A Dentry		Date 4/22/05 Daytime Phone # 561 433 4810	