

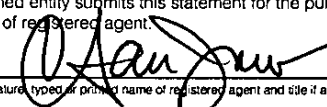



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90086 023 ***150.00

DOCUMENT # S98684 1. Entity Name J.S.J. & ASSOCIATES, INC.					
Principal Place of Business 1909 PARKTREE DR ARLINGTON, TX 76001 US			Mailing Address 1909 PARKTREE DR ARLINGTON, TX 76001 US		
2. Principal Place of Business 999 PIEDMONT OAKS DR Suite, Apt. #, etc.		3. Mailing Address 999 PIEDMONT OAKS DR. Suite, Apt. #, etc.			
City & State Apopka, FL		City & State Apopka, FL		4. FEI Number 59-3096131	
Zip 32703		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARMACK, N.L. 992 PIEDMONT OAKS DR APOPKA, FL 32703				7. Name and Address of New Registered Agent Name CONRADO M. SAN JUAN Street Address (P.O. Box Number is Not Acceptable) 999 PIEDMONT OAKS DRIVE City Apopka FL Zip Code 32703	
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  CONRADO M. SAN JUAN 5/1/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 SAN JUAN, JENNIFER 1909 PARKTREE DR ARLINGTON, TX 76001	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SAN JUAN, CONRADO M 1909 PARKTREE DR ARLINGTON, TX 76001	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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:  CONRADO M. SAN JUAN 5/1/05 407-880-9740 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					