2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on, an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATUR

Apr 20, 2006 08:00 AN DOCUMENT # V32784 **Secretary of State** G C J OPERATIONS, INC. Mailing Address Principal Place of Business 400 SE 15TH STREET #3 400 SOUTHEAST 15TH STREET FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 US 3. Mailing Address 2. Principal Place of Business Surte, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 65-0329349 Not Applicat Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALDWELL, GEORGE JR Street Address (P.O. Box Number is Not Acceptable) 400 SE 15TH STREET #3 FT LAUDERDALE FL 33316 City Zip Code 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 INOTE Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8c After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change 🔲 Addain. TITLE ☐ Defete MAME NAME CALDWELL, GEORGE JR U00000520043 STREET ADDRESS STREET ADDRESS 400 SE 15TH STREET #3 05/02/06-80078-017 150.00 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change Addition THILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-78 ☐ Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIF Change ☐ Addition BILE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, 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

. GEORGE CALDWELL, JR. 4/18/06 954-463-5140

FILED