


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2005 90265 019 ***150.00

DOCUMENT # P03000074186

1. Entity Name
 GAIL A. JONAS INC.



Principal Place of Business
 14555 SW 161 PLACE
 MIAMI, FL 33196

Mailing Address
 14555 SW 161 PLACE
 MIAMI, FL 33196

20041032



2. Principal Place of Business
 2304 NE 37th Ter
 Suite, Apt. #, etc.

3. Mailing Address
 2304 NE 37 Ter
 Suite, Apt. #, etc.

04152005 Chg-P CR2E034 (10/03)

City & State
 Homestead, FL

City & State
 Homestead, FL

Zip Country
 33033 US

Zip Country
 33033 US

4. FBI Number
 45-0518479

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONAS, GAIL A
 14555 SW 161 PLACE
 MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name
 GAIL A. JONAS

Street Address (P.O. Box Number is Not Acceptable)

2304 NE 37 TER

City
 Homestead FL Zip Code
 33033

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: Gail A. Jonas DATE: 4/20/05

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	NAME JONAS, GAIL A	STREET ADDRESS 14555 SW 161 PLACE	CITY-ST-ZIP MIAMI, FL 33196	<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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2304 NE 37 Ter	Homestead, FL 33033	
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(k), 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: Gail A. Jonas DATE: 4/20/05 DAYTIME PHONE #: 305-247-5746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR