2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 18, 2005 08:00 AM Secretary of State

| | AIIIOAL IX | | | | 0 / 001 / |
|---|--|-------|-------------------------------|-----------------------------------|--|
| DOCUMENT # 367804 1. Entity Name DOUBLE DIAMOND PROPERTIES OF POLK COUNTY, INC. | | | | Secretary of State | |
| Principal Place of Business Mailing Address 1355 W. 53RD STREET, STE 320 HIALEAH, FL 33012 HIALEAH, FL 33012 | | | | } | ni. Na nahih kanaki harik darik atah atah akak bilah kilah kilah diana akkilinak icanah |
| D | OO NOT WRITE II | | CE | 03092005 4. FEI Numb 59-130 | |
| 6. Name and Address of Current Registered Agent SALAZAR EDUARDO 1340 CORAL WAY CORAL GABLES, FL 33134 | | | DO NOT WRITE IN THIS SPACE | | |
| 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Pegistered Agent signature required when releasating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be | | | | | |
| After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. | | | | ed to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | - Company Comp |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SALAZAR, EDUARDO 1340 CORAL WAY CORAL GABLES, FL | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SALAZAR, MARGARITA 1340 CORAL WAY CORAL GABLES, FL | | | | 000000268710 03/18/05-80052-024 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | · | - |
| 12. I hereby certify that the information supplied with this filling 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 eath; 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 | | | | | |

3-15-01

Daytime Phone #