2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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

SIGNATURE:

Apr 25, 2007 8:00 am Secretary of State **DOCUMENT # M50777** 04-25-2007 90160 017 ***150.00 **ELIZABETH PROPERTIES, INC.** Mailing Address Principal Place of Business 3414 GRANADA BLVD P. O. BOX 14-4333 CORAL GABLES, FL 33114 US CORAL GABLES, FL 33134 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2027857 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, LOUIS O Street Address (P.O. Box Number is Not Acceptable) 3414 GRANADA BLVD CORAL GABLES, FL 33134 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE I\$ \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTD ☐ Change ☐ Addition TITLE ☐ Detete TITLE GONZALEZ, LOUIS O NAME NAME 3414 GRANADA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP VS Delete TITLE ☐ Change ☐ Addition TITLE RAMOS, LISA NAME NAME 3414 GRANADA BLVD STREET ADDRESS STREET ADVOKESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GONZALEZ, IRIS J NAME NAME STREET ADDRESS 3414 GRANADA BLVD STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if

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GONZALEZ

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