

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000122339



1. Entity Name
TALBOT PROPERTIES INC.

Principal Place of Business

C/O LOEB, BLOCK & PARTNERS LLP
505 PARK AVE, 9TH FL
NEW YORK, NY 10022

Mailing Address

C/O LOEB, BLOCK & PARTNERS LLP
505 PARK AVE, 9TH FL
NEW YORK, NY 10022



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2024712

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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: Registered Agent signature required when reinstating)

DATE

**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 DIEZ, JOSE M
STREET ADDRESS 2127 BRICKELL AVENUE, UNIT #2705
CITY-ST-ZIP MIAMI, FL 33129

TITLE SD
NAME DIEZ, SUSAN S
STREET ADDRESS 2127 BRICKELL AVENUE, UNIT #2705
CITY-ST-ZIP MIAMI, FL 33129

TITLE AS
NAME BLOCK, CHARLES J
STREET ADDRESS 505 PARK AVENUE 9TH FL
CITY-ST-ZIP NEW YORK, NY 10022

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CITY-ST-ZIP

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1100000339312
04/28/05-80070-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Charles J. Block, Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #