

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90082 025 ***150.00

DOCUMENT # P02000027294
1. Entity Name
421 PROPERTY INC.

Principal Place of Business c/o Jose A. Rodriguez, Esq.	Mailing Address c/o Jose A. Rodriguez, Esq.
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2. Principal Place of Business 100 SE 2nd Street	3. Mailing Address 100 SE 2nd Street
Suite, Apt. #, etc. Suite 2900	Suite, Apt. #, etc. Suite 2900

City & State Miami, FL	City & State Miami, FL
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Zip 33131	Country US	Zip 33131	Country US
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4. FEI Number 38-3646364	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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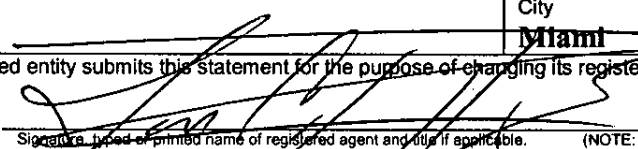
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Name Jose A. Rodriguez, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street	
Suite 2900	
City Miami	FL Zip 33131

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.

SIGNATURE  DATE **4/1/05**

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

FEE IS \$150.00
DUE BY MAY 1, 2005



Make Check Payable to
Florida Department of State

9. MANAGING MEMBERS/ MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Rinaldi, Fabian 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Rodriguez, Jose A 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134	<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

10. ADDITIONS/ CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Rinaldi, Fabian 100 SE 2nd Street, Suite 2900 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Rodriguez, Jose A 100 SE 2nd Street, Suite 2900 Miami, FL 33131	<input checked="" 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

11. I hereby certify that the information supplied with this filing 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  DATE **4/1/05** 3054233424 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE