## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 22, 2005 08:00 AM Secretary of State **DOCUMENT # P03000068389** 1. Entity Name B.V. ONE PROPERTIES INC. Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE STE 0-305 520 BRICKELL KEY DRIVE STE 0-305 MIAMI, FL 33131 MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE No Chg-P CR2E034 (10/03) 01242005 Applied For 4. FEI Number 54-2115638 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TAVARES, CHARLES 444 BRICKELL AVE STE 415 IN THIS SPACE MIAMI, FL 33131 5. The above named entity submits this statement for the purpose of ghanging 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, typed or printed name of registered agent and title if a Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. IMΓE TAVARES, CHARLES NAME 444 BRICKELL AVE STE 415 STREET ADDRESS CITY - ST- ZIP MIAMI, FL 331312405 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: \_

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR