2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 07, 2005 8:00 am Secretary of State **DOCUMENT # P03000073212** 03-07-2005 90281 011 ***150.00 BLOCK ONE REALTY, INC. Principal Place of Business Mailing Address 13780 SW 56TH ST., STE 226 13780 SW 56TH ST., STE 226 MIAML FL 33175 MIAMI, FL 33175 2. Principal Place of Business 299 Allombra 3. Mailing Address 299 Alhambra Suite, Apt. #, etc. Suite, Apt. #, etc. 02192005 CR2E034 (10/03) Chg-P STE 402 City & State 4. FEI Number Applied For GABLES 56-2404110 CORAL Not Applicable 33<u>134</u> \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER EDWARD COOPER, EDWARD 13780 SW 56ST, STE 226 MIAMI, FL 33175 CORAL GABLES 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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change : COOPER, EDWARD STE, 402 COOPER, EDWARD MAME STREET ADDRESS 13780 SW 56TH ST., STE 226 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CiTY-ST-ZIP COROL GABLES, FL 33134 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY:ST-ZIP: CITY-ST-ZIP 12. 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 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 employered 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:

FILED