2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000037199

1. Entity Name

DELRAY BEACH PROPERTY, INC.



Principal Place of Business

Mailing Address

P 0 BOX 803

KATONAH, NY 10536

P O BOX 803

KATONAH, NY 10536

FILED Mar 15, 2004 8:00 am **Secretary of State**

03-15-2004 90056 009 ***150.00



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0751824

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOUIS J. CARBONE P.A.

65 NE-4TH-AVE-DELRAY BEACH, FL 33483

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME ROSNER, CHARLES STREET ADDRESS P O BOX 803 CITY-ST-ZIP KATONAH, NY 10536 D TITLE NAME ROSNER, FRANCES STREET ADDRESS P O BOX 803 CITY-ST-ZIP KATONAH, NY 10536 TITLE RUTKOVSKY, EDWARD NAME P O BOX 803 STREET ADDRESS DO NOT WRITE CITY-ST-7IP-KATONAH-NY-10536 TITLE RUTKOVSKY, LISA NAME STREET ADDRESS P O BOX 803 KATONAH, NY 10536 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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)(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 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 NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #