


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90168 026 ***150.00

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|---|--------------------------------------|--|---|
| DOCUMENT # P99000060434 | |  | |
| 1. Entity Name FALLS AT MARINA BAY, INC. | | | |
| Principal Place of Business 13651 N.W. 4TH STREET PEMBROKE PINES, FL 33028 | | Mailing Address 9700 S.W. 145TH STREET MIAMI, FL 33177 | |
| 2. Principal Place of Business | | 3. Mailing Address 13651 NW 4th St. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Pembroke Pines, FL | |
| Zip | Country | Zip | Country |
| 33028 | USA | 33028 | USA |
| 4. FEI Number 65-0931622 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FRANTZMAN, JEFF 9700 S.W. 145TH STREET MIAMI, FL 33177 | | 7. Name and Address of New Registered Agent Name: Susan Lupien Street Address (P.O. Box Number is Not Acceptable): 3272 Ridge Trace City: Davie FL Zip Code: 33328 | |
| 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: <u>Susan Lupien</u> | | DATE: <u>4/22/05</u> | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | DPT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAPLIN, JACK | NAME | |
| STREET ADDRESS | 13651 N.W. 4TH STREET | STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33028 | CITY-ST-ZIP | |
| TITLE | DVPS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANTZMAN, JEFF | NAME | |
| STREET ADDRESS | 9700 S.W. 145TH STREET | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33177 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>[Signature]</u> | | DATE: <u>4/22/05</u> 954-437-1435 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |