

2005 FOR PROFIT CORPORATION
Amended **ANNUAL REPORT**

DOCUMENT # V52296

1. Entity Name
4515 PROPERTIES, INC.



FILED
 05 MAY -2 AM 11:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3435 N. OCEAN BLVD **3435 N OCEAN BLVD**
GULFSTREAM, FL 33483 **GULFSTREAM, FL 33483** US US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04192005 Chg-P CR2E034 (10/03) **6125**

4. FEI Number
65-0357585 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 ARCAINI, TONIO
 3435 N OCEAN BLVD
 GULF STREAM, FL 33483

7. Name and Address of New Registered Agent
 Name
World Corporate Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Drive, Suite 703
 City
Miami FL Zip Code
33133

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 *Timothy D. Richards* **Timothy D. Richards** 4/19/05
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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
 P ARCAINI, TONIO
 STREET ADDRESS 3435 N OCEAN BLVD
 CITY-ST-ZIP GULFSTREAM, FL 33483

TITLE NAME Change Addition

TITLE NAME Delete
 D ARCAINI, REBECCA
 STREET ADDRESS 3435 N. OCEAN BLVD.
 CITY-ST-ZIP GULFSTREAM, FL 33485

TITLE NAME Change Addition
500054342335
05/12/05--01078--002 **941.25

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: *Tonio Arcaini* **Tonio Arcaini** 4/19/05 (305) 858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/10/05