

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -9 PM 12:07

SECRET  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # V52296</b> 1. Entity Name 4515 PROPERTIES, INC.					
Principal Place of Business 3435 N. OCEAN BLVD GULFSTREAM, FL 33483 US			Mailing Address 3435 N OCEAN BLVD GULFSTREAM, FL 33483 US		
2. Principal Place of Business		3. Mailing Address 2665 S. Bayshore Drive			
Suite, Apt. #, etc		Suite, Apt. #, etc Suite 703			
City & State		City & State Miami, FL		04202006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 65-0357585	
Zip 33133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133				7. Name and Address of New Registered Agent  Name  Street Address (P O Box Number Is Not Acceptable)  City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARCAINI, TONIO 3435 N OCEAN BLVD GULFSTREAM, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCAINI, REBECCA 3435 N. OCEAN BLVD. GULFSTREAM, FL 33485	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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>Tonio G.B. Arcaini</u>			Date: <u>4/17/06</u> (305) 858-9900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

*[Handwritten signature]*



100075286141  
05/25/06--01024--016 \*\*1100.00