2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059471

Entity Name: 1301 PROPERTY, INC.

FILED Mar 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

150 ALHAMBRA CIRCLE STE 1270 4150 NW 7TH STREET CORAL GABLES, FL 33134

200

MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

150 ALHAMBRA CIRCLE STE 1270 4150 NW 7TH STREET CORAL GABLES, FL 33134

200

MIAMI, FL 33126

FEI Number: 90-0042886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

URQUIOLA, JOANNE R URQUIOLA, JOANNE R 150 ALHAMBRA CIRCLE STE 1270 100 SE 2NĎ STREET CORAL GABLES, FL 33134 2900 MIAMI, FL 33131 US

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.

SIGNATURE: JOANNE R. URQUIOLA 03/12/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete

Name: COBO, ALEIDA 150 ALHAMBRA CIRCLE STE 1270 Address:

City-St-Zip: CORAL GABLES, FL 33134

Title: VS () Delete Name: URQUIOLA, JOANNE R 150 ALHAMBRA CIRCLE #1270 Address: CORAL GABLES, FL 33134 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

Name: COBO, ALEIDA 8940 SW 61ST COURT Address: City-St-Zip: PINECREST, FL 33156

Title: ٧S (X) Change () Addition

URQUIOLA, JOANNE R Name: Address: **6811 PORTILLO STREET** CORAL GABLES, FL 33146 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEIDA COBO PTD 03/12/2005