


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

01-25-2005 90029 014 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L63737 1. Entity Name VAMPIRE PROPERTIES, INC.	
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Principal Place of Business 15TH FLOOR 2 SOUTH BISCAYNE BLVD. MIAMI, FL 33131	Mailing Address 15TH FLOOR 2 SOUTH BISCAYNE BLVD. MIAMI, FL 33131
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66013657



01112005 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0207595	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent BROWN, LEWIS, N. <i>Brown</i> % GILBRIDE, HELLER & BROWN <i>Biscayne Blvd.</i> ONE BISCAYNE TOWER, 15 FL, 2 S. BHS. BLVD. MIAMI, FL 33131

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B. 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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>1/19/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, LEWIS N. ONE BISCAYNE TOWER, 15 FL MIAMI, FL
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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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>3/1/05</i> <small>DATE</small>	DAYTIME PHONE # <i>305 358-3580</i> <small>DAYTIME PHONE #</small>
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