

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 320208

Entity Name: ARCADIA PROPERTIES INC.

FILED  
Mar 15, 2005  
Secretary of State

## Current Principal Place of Business:

4801 S UNIVERSITY DR  
DAVIE, FL 33328 US

## New Principal Place of Business:

1920 HALLANDALE BEACH BLVD  
SUITE 602  
HALLANDALE, FL 33009 US

## Current Mailing Address:

PO BOX 661169  
MIAMI SPRINGS, FL 33166 US

## New Mailing Address:

FEI Number: 59-1173108      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALWEISS, IRA  
4301 S UNIVERSITY DR  
DAVIE, FL 33328 US

## Name and Address of New Registered Agent:

ALWEISS, IRA  
1920 HALLANDALE BEACH BLVD  
SUITE 602  
HALLANDALE, FL 33009 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:

03/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALWEISS, IRA,  
Address: 4801 S UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete  
Name: ALWEISS, ALAN  
Address: 4801 S UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ALWEISS, IRA,  
Address: 1920 HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Change ( ) Addition  
Name: ALWEISS, ALAN  
Address: 1920 HALLANDALE BEACH BLVD. #602  
City-St-Zip: HALLANDALE, FL 33009

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: IRA ALWEISS

PRES

03/15/2005

Electronic Signature of Signing Officer or Director

Date