## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # 380456 THE PLACE INVESTMENT, INC. Mailing Address Principal Place of Business 7900 MIAMI LAKE DR W 7900 MIAMI LAKE DR W MIAMI LAKE, FL 33016 MIAMI LAKE, FL 33016 04192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1354410 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RODRIGUEZ, CHRISTY DO NOT WRITE 7900 MIAMI LAKES DR. W. MIAMI LAKES, FL 33016 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) U00000339618 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 04/28/05-80079-016 150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ÇD ШŒ KISLAK, JAY I. NAME STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIP MIAMI LAKES, FL 33016 DPT TITLE BARTELMO, THOMAS 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS CITY-ST-ZIP MIAM! LAKES, FL 33016 TITLE LUBOW, CHERYL NAME 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI LAKES, FL 33016 VPS IN THIS SPACE TITLE RODRIGUEZ, CHRISTY NAME 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 TITLE BRAUN, STEPHEN NAME STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIP MIAMI LAKES, FL 33016 me NAME STREET ADDRESS CNY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 cath; 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.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**