Jan 27, 2006 08:00 AN **DOCUMENT # 395375** Secretary of State 1. Entity Name GERTZ BUILDERS AND DEVELOPERS, INC. Mailing Address Principal Place of Business 5231 NE 32ND AVE FT. LAUDERDALE FL 33308 5231 NE 32ND AVE FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-1381347 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LISTICK, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 616 E ATLANTIC AVE DELRAY BCH FL 33483 City Zip Code 8. The above named entity submits this statement for the purpose of bhanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accethe obligations of registered agent. SIGNATURE Signature, typed or presed harne of registered agent and talout applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Deleie TITLE ☐ Change NAME GERTZ, RICHARD NAME U00000407148 02/08/06-80004-024 150.00 STREET ADDRESS STREET ADDRESS 5231 NE 32 AVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 Сhапре TITLE VPD Delete THLE ☐ Add NAME GERTZ JR. RICHARD NAME STREET ADDRESS 5231 NE 32 AVE STREET ADDRESS CITY-ST-ZIP CRY-ST-7IF FORT LAUDERDALE FL 33308 ٧P TITLE Change ☐ Arie TITLE ☐ Delete NAME NAME MARC, STANLEY D STREET ADDRESS STREET ADDRESS 5231 NE 32 AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 TITLE ☐ Delete TITLE Change TI ALL NAME MAME DICAROLIS, MARK 5631 NE 21ST TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-7/P TITLE Delete TITLE □ 4 Channe MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Ada NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 oath; that I am an officer or direct the corporation or the receiver or trustee employee the this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block if changed, or on an attaching with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

CITY-ST-ZIP

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