## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 Al Secretary of State **DOCUMENT #663485** 1. Entity Name INVERNESS PROPERTIES CORP. Principal Place of Business Mailing Address 2601 BISCAYNE BLVD. 2601 BISCAYNE BLVD. MIAMI, FL 33137 MIAMI, FL 33137 04212006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 59-1959279 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, ANTONIO DO NOT WRITE 2601 BISCAYNE BLVD. MIAMI, FL 33137 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. DS TITLE NAME GOLDSTEIN, MICHELLE STREET ADDRESS 2601 BISCAYNE BLVD CITY-ST-ZIP MIAMI, FL TITLE D GERSTEN, SHERRI NAME STREET ADDRESS 2560 SUNSET DR CITY-ST-ZIP MIAMI BCH, FL 00000, DP TITLE MILLER, ROGER NAME STREET ADDRESS 2601 BISCAYNE BLVD. DO NOT WRITE MIAMI, FL CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CLIY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 writh an address, with air other like empowered.

SIGNATURE: \_\_\_\_

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/14

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Daylims Phone #

**FILED**