2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FEB ²Apr²7, 2005 08:00 AM Secretary of State DOCUMENT # F09689 1. Entity Name BODEE DEVELOPMENT CORPORATION Mailing Address Principal Place of Business 1 WEST SAMPLE ROAD 1 WEST SAMPLE ROAD STE-101 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apr #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 59-2325439 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name HELD, ROBERT T SR. Street Address (P.O. Box Number is Not Acceptable) 1 WEST SAMPLE ROAD STE-201 POMPANO BEACH FL 33064 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State - OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition mce THEF Delete NAME HELD MICHAEL NAME <u>UQOQQO337566</u> STREET ADDRESS CIREFT ADDRESS 1 WEST SAMPLE RD. - #101 POMPANO BEACH FL 33064 CITY - ST - ZIP 025 158.75 CITY - ST - ZIP MLE VΡ Delete Addition NAME HELD, STEPHEN NAME 1 WEST SAMPLE RD., #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP ☐ Addition Delete Change illi£ ST TITLE NAME NAME SANCHEZ, BILLY J STREET ADDRESS STREET ADDRESS 1 WEST SAMPLE RD., #101 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Addition AS Change IIILE Delete TITLE HELD, ROBERT T JR. NAME STREET ADDRESS 1 WEST SAMPLE RD., #101 STREET ADDRESS POMPANO BEACH FL 33064 CHY-SL-2P CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ` 🔲 Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

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 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 with an address, with all other like empowered.

SIGNATURE: MALLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05 954-491-2300