
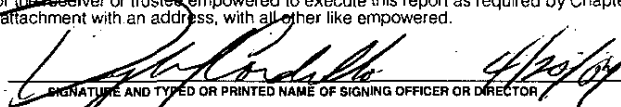


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90292 047 \*\*\*150.00

<b>DOCUMENT # F96000002464</b> 1. Entity Name COOLIDGE-VALENCIA REALTY CORP.																																																																																																															
Principal Place of Business 455 CENTRAL PARK AVENUE STE 308 SCARSDALE, NY 10583		Mailing Address 2250 AVENIDA DEL VERA FORT MYERS, FL 33917																																																																																																													
2. Principal Place of Business 12800 UNIVERSITY DR Suite, Apt. #, etc. SUITE 400 City & State FORT MYERS, FL Zip 33907 Country USA		3. Mailing Address 12800 UNIVERSITY DR Suite, Apt. #, etc. SUITE 400 City & State FORT MYERS, FL Zip 33907 Country USA																																																																																																													
4. FEI Number 13-3889024		Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent  CALLAHAN, W. SCOTT 37 NORTH ORANGE AVE., SUITE 200 ORLANDO, FL 32802-3388		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.																																																																																																															
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>ROSEN, MICHEAL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2250 AVENIDA DEL VERA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33917</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>CLARK, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2250 AVENIDA DEL VERA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33917</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>CARDELLO, DOUG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2250 AVENIDA DEL VERA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33917</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	ROSEN, MICHEAL		STREET ADDRESS	2250 AVENIDA DEL VERA		CITY-ST-ZIP	FORT MYERS, FL 33917		TITLE	VP	Delete <input type="checkbox"/>	NAME	CLARK, DAVID		STREET ADDRESS	2250 AVENIDA DEL VERA		CITY-ST-ZIP	FORT MYERS, FL 33917		TITLE	VP	Delete <input type="checkbox"/>	NAME	CARDELLO, DOUG		STREET ADDRESS	2250 AVENIDA DEL VERA		CITY-ST-ZIP	FORT MYERS, FL 33917		TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>12800 University Dr., Ste 400</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Fort Myers, FL 33907</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>12800 University Dr., Ste 400</td> <td style="text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Fort Myers, FL 33907</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	12800 University Dr., Ste 400		STREET ADDRESS	Fort Myers, FL 33907		CITY-ST-ZIP			TITLE	12800 University Dr., Ste 400	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	Fort Myers, FL 33907		STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																																																																																																													
NAME	ROSEN, MICHEAL																																																																																																														
STREET ADDRESS	2250 AVENIDA DEL VERA																																																																																																														
CITY-ST-ZIP	FORT MYERS, FL 33917																																																																																																														
TITLE	VP	Delete <input type="checkbox"/>																																																																																																													
NAME	CLARK, DAVID																																																																																																														
STREET ADDRESS	2250 AVENIDA DEL VERA																																																																																																														
CITY-ST-ZIP	FORT MYERS, FL 33917																																																																																																														
TITLE	VP	Delete <input type="checkbox"/>																																																																																																													
NAME	CARDELLO, DOUG																																																																																																														
STREET ADDRESS	2250 AVENIDA DEL VERA																																																																																																														
CITY-ST-ZIP	FORT MYERS, FL 33917																																																																																																														
TITLE		Delete <input type="checkbox"/>																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		Delete <input type="checkbox"/>																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																																																																																																													
NAME	12800 University Dr., Ste 400																																																																																																														
STREET ADDRESS	Fort Myers, FL 33907																																																																																																														
CITY-ST-ZIP																																																																																																															
TITLE	12800 University Dr., Ste 400	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																																																																																																													
NAME	Fort Myers, FL 33907																																																																																																														
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
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: 																																																																																																															
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																															
Date		Daytime Phone #																																																																																																													