


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000002810 1. Entity Name 3435 GULFSTREAM PROPERTIES, INC.	
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FILED

05 MAY -2 AM 11: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

Principal Place of Business 3435 N. OCEAN BLVD GULFSTREAM, FL 33483	Mailing Address 2665 S. BAYSHORE DR, SUITE 703 MIAMI, FL 33133
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 98-0179010	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

04132005 Chg-P CR2E034 (10/03) 150.00

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DR
STE 703
MIAMI, FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPS ARCAINI, ANTONIO	TITLE	
NAME	3435 N. OCEAN BLVD	NAME	
STREET ADDRESS	GULF STREAM, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ARCAINI, REBECCA	TITLE	
NAME	3435 N. OCEAN BLVD	NAME	
STREET ADDRESS	GULF STREAM, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS RICHARDS, TIMOTHY D	TITLE	
NAME	2665 S. BAYSHORE DR- STE 703	NAME	
STREET ADDRESS	MIAMI, FL 33133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Timothy D. Richards 4/19/05 (305) 858-9900

Date Daytime Phone #

150.00