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FILED

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 08:00 AM DOCUMENT # G67762 Secretary of State GULFSTREAM PROPERTIES OF SO. FLORIDA, INC. Principal Place of Business Mailing Address % KENNETH A. STRAND 1881 NE 26TH STREET, #21 WILTON MANORS FL 33305 % KENNETH A. STRAND 1881 NE 26TH STREET, #212 WILTON MANORS FL 33305 2. Principal Place of Business 3. Mailing Address Suite, Apt. if, etc. Suite, Apt. 9, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2343259 Not Applicable Zφ Country Zip 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 Name STRAND, KENNETH A. 1881 NE 26TH STREET Street Address (P.O. Box Number is Not Acceptable) #212 WILTON MANORS FL 33305 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 SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature recover when remelating) DATE FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 05/13/06-80039-004¹¹150.00 PTD TITLE TITLE Delete NAME. STRAND, KENNETH A. NAME STREET ADDRESS STREET ADDRESS 172 NURMI DRIVE CITY-ST-ZIP FT. LAUDERDALE FL 33301 CITY-SI-ZIP Change Addition | TITCE Defete STRAND, CAROL L STREET ADDRESS 172 NURMI DRIVE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33301 C659 - ST - 78P Delete ☐ Change Addition | TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CKY-ST-ZIP ☐ Change Addition ☐ Detete 33117 TRILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP ☐ Detete mue ☐ Change Addition TITLE 100355 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP TIFLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-IP

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 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 attachynesit with an address, with all other fixed impowered.

SIGNATURE:

enneth & Strand

Pres.

4-26-06 954-566-1050