2004 FOR PROFIT CORPORATION

## Feb 02, 2004 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # G99838** 1. Entity Name CY PROPERTIES, INC. Principal Place of Business Mailing Address % COREPROPERTIES, INC. 404 WASHINGTON AVE., ATTN: CHINA GRILL % COREPROPERTIES, INC. 404 WASHINGTON AVE., ATTN: CHINA GRILL MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 No Chg-P 01092004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 23-2192222 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent COREPROPERTIES, INC. DO NOT WRITE 404 WASHINGTON AVE. ATTN: CHINA GRILL IN THIS SPACE MIAMI BEACH, FL 33139 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. DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000027559 CHODOROW, JEFFREY NAME n2/03/04-80051-019 150.00 19925 NE 39 PL PH 701 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL VĐ TITLE YOGEL, LARRY D. NAME 748 CANTERBURY LN STREET ADDRESS CITY-ST-ZIP VILLANOVA, PA TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 by 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 bia report as required by Chapter 507, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**