

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # G99838

1. Entity Name
CY PROPERTIES, INC.



Principal Place of Business
% COREPROPERTIES, INC.
404 WASHINGTON AVE., ATTN: CHINA GRILL
MIAMI BEACH, FL 33139

Mailing Address
% COREPROPERTIES, INC.
404 WASHINGTON AVE., ATTN: CHINA GRILL
MIAMI BEACH, FL 33139



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number
23-2192222

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COREPROPERTIES, INC.
404 WASHINGTON AVE.
ATTN: CHINA GRILL
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHODOROW, JEFFREY
STREET ADDRESS 19925 NE 39 PL PH 701
CITY-ST-ZIP AVENTURA, FL

TITLE VD
NAME YOGEL, LARRY D.
STREET ADDRESS 748 CANTERBURY LN
CITY-ST-ZIP VILLANOVA, PA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-07

Date

305-9570600

Daytime Phone #

Jeffrey Chodorow