2004 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

Feb 02, 2004 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # G99893** COMMERCIAL PROPERTIES GROUP, INC. Principal Place of Business Mailing Address % CY PROPERTIES, INC. % CY PROPERTIES, INC. 404 WASHINGTON AVE., ATTN: CHINA GRILL 404 WASHINGTON AVE., ATTN: CHINA GRILL MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 23-2131107 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CY PROPERTIES, 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be 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 CHODOROW, JEFFREY R. NAME U00000027543 19925 NE PL PH 701 STREET ADDRESS 02/03/04-80051-011 150.00 AVENTURA, FL CITY-ST-ZIP TITLE NAME YOGEL, LARRY D. STREET ADDRESS 748 CANTERBURY LN VILLANOVA, PA CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 br 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-23-2004

Daytime Phone

FILED