## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # K88278  1. Entity Name SPERLING PROPERTIES, INC.				04-16-2004 90073 012 ***150.00
Principal Place of Business 6931 INDIAN CREEK DR. MIAMI BEACH, FL 33141		eiling Address 1645 CLEVELAND RD 11AMI BEACH, FL 3314		
2. Principal Place of Business	3.	Mailing Address  57 NORTH	Con	
Suite. Apt. #, etc. Suite, Apt. #, etc.			DHORE DA	04122004 Chg-P CR2E034 (10/03)
City & State		City & State WEAME BEACH EL:		4. FEI Number Applied For 65-0124054 Not Applicable
Zip	Country	Zip 3141	Country US 4	5. Certificate of Status Desired 58.75 Additional Fee Required
6. Name an	d Address of Current Regi		Name	7. Name and Address of New Registered Agent
LEVINSON, EDWARD E. 407 LINCOLN RD PENTHOUSE EAST MIAMI BEACH, FL 33139				Address (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
the obligations of registers	d agent.  rented name of registered agent and title	if applicable. (NOTE:	Registered Agent signatur	ture required when renotating) DATE
FILE NOW!!! F After May 1, 2004 I		9. Election Campaig Trust Fund Contril		\$5.00 May Be Added to Fees
10.	OFFICERS AND DIRE	CTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME SPERLING, STREET ADDRESS 1645 CLEVE CITY-ST-ZIP MIAMI BEAC	JOSEPH LAND RD	Delete	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME SPERLING, STREET ADDRESS 1645 CLEVE CITY-ST-ZIP MIAM! BEAG	PAUL ELAND RD	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPERLEAS PAUL 857 NORTH SHORE DR. MIAMI BEACH, FL. 33141
ITILE D NAME SPERLING, STREET ADDRESS 1645 CLEVE	MILDRED	Delete	TITLE  NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP MIAMI BEAG  TITLE NAME STREET ADDRESS CITY-ST-ZIP	.H, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
of the corporation of the	nformation supplied with this or supplemental report is true receiver or trustee empower ment with an address, with	ed to execute this peport a	as recented by Cha	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11
SIGNATURE:	Cleal	O NAME OF SIGNATOR OFFICER O	PAUL M.	SPERITAGE 4/10/64 3053K52832