## 2005 FOR PROFIT CORPORATION ANNUAL REPORT -

## **FILED** Mar 30, 2005 08:00 AM Secretary of State

DOCUMENT # L14473  1. Entity Name CONDOR INVESTMENTS, INC.	Secretary of State
Principal Place of Business Mailing Address  20961 PINAR TRAIL 20961 PINAR TRAIL  BOCA RATON, FL 33433 BOCA RATON, FL 33433	
DO NOT WRITE IN THIS SPA	O3272005 No Chg-P CR2E034 (10/03)  4. FEI Number
6. Name and Address of Current Registered Agent  LANDY, LISA A 150 S.E. 3RD STREET SUITE 2700 MIAMI, FL 33131	DO NOT WRITE
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, typod 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, 2005 Fee will be \$550.00  Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS  ITTLE DVC  NAME LANDY, BURTON A.  STREET ADDRESS 150 SE 3RD AVE, STE 2700  CITY-ST-ZIP MIAMI, FL 33131  TITLE DS  NAME LANDY, LISA A.  STREET ADDRESS 150 SE 3RD AVE, STE 2700  CITY-ST-ZIP MIAMI, FL 33131	
TITLE DC  NAME LANDY, ELEONORA S.  STREET ADDRESS 150 SE 3RD AVE, STE 2700  CITY-ST-ZIP MIAMI, FL 33131  TITLE DP  NAME LANDY, MICHAEL S.  STREET ADDRESS 20961 PINAR TRAIL  CITY-ST-ZIP BOCA RATON, FL 33433	DO NOT WRITE IN THIS SPACE
TITLE DT NAME LANDY, REGINA W. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433  TITLE NAME STREET ADDRESS CITY-ST-ZIP	emplies wated in Section 110 (7/2)(i) Period Statutor, if further certify that the information

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 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.

Michael S. Land 1 3/28/05 5/4/-4/83-7377

SIGNATURE:

Michael S. Landy ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR