

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90056 040 ***150.00



DOCUMENT # L22458		1. Entity Name CYPRESS PARK DEVELOPMENT, INC.	
Principal Place of Business 3401 SOUTHOCEAN BLVD APT 6 HIGHLAND BEACH, FL 33487 US		Mailing Address 525 B BROADWAY MALL 3363 SHERIDAN STREET HICKSVILLE, NY 11801 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 550 W Old Country Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite # 108	
City & State		City & State Hicksville NY	
Zip	Country	Zip	Country
		11801	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRIPLE F. PROPERTIES, INC. 3401 SOUTH OCEAN BLVD APT 6 HIGHLAND BEACH, FL 33487		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, KENNETH	NAME	
STREET ADDRESS	525B BROADWAY MALL	STREET ADDRESS	550 W. Old Country Rd. Suite 108
CITY-ST-ZIP	HICKSVILLE, NY	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, FRANKLIN L.	NAME	
STREET ADDRESS	3401 S OCEAN BLVD APT 6	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: _____		Date: 4-3-07 Daytime Phone #: 516-935-8200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



01092007 Chg-P CR2E034 (12/06)

4. FEI Number **11-2987851** Applied For Not Applicable

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