## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## FILED Jan 31, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L52069 PERTIES, INC.					01-31-200	5 90062 0	20 ***150	).00	
Principal Place of Business		Mailing Address			40009231					
245 N OCEAN BLVD		245 N OCEAN BLVD			100000					
#304   DEERFIELD BEACH, FL 33441		#304 Deerfield Beach, FL 3	2//1							
DEEN ILLO DENGII, FE 33441		DELICITED BEAUTI, TE 33441			HINDER OF THE PROPERTY OF THE					
2400	lace of Business WHISPERING DAKS LA		N. BRIDGE STREET							
Suite, Apt.		Suite, Apt. #, etc. HOMINISTICA?	TIVE OFFI		01252005	Chg-P	CR2E03	34 (10/03)		
City & State	y BEACH FL	City & State ELK70P	nN		4. FEI Numbe				lied For	
DELICH	9 DEHCM, FC	ZipO1021	Country					8.75 Addit	Applicable	
3348	3 PALM BEACH	व्याप्ता	CECIL		5. Certificate	of Status Desired		ee Required	Юнан	
<u> </u>	6. Name and Address of Current R	7. Name and	Address of New	Registered A	gent					
ZISKIND, STEPHEN 245 NORTH OCEAN BLVD DEERFIELD BEACH, FL 33441				Name STEPHEN A. ZISKIND Street Address (P.O. Box Number is Not Acceptable) A400 WYISPERING DAKS LANE						
BEEN TEED BENOT, TE SO TH				•						
				Dec	1	ACH .	FL	<sup>7</sup> 334	83	
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										
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees										
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	IN 11	
TIFLE	PD	☐ Delete	IIILE	PRE	SIDENT	7 (0/4)0		Change	☐ Addition	
NAME	ZISKIND, STEPHEN		NAME	578	PHEN H	ZISKIND	12.5	•		
STREET ADDRESS CHY-ST-ZIP	245 NORTH OCEAN BLVD		STREET ADDRESS			RING OAK				
	DEERFIELD BEACH, FL		CITY-ST-ZIP	De	LRAY BE	ACH, FL	5348 <u>3</u>			
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
I DITTLE NODITESS	1		■ GIUELI WDDULGG							

CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete □ Change ☐ Addition NAME NAME \*STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP\* CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 trustge 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 accurate the receiver of the component of the receiver of the receiver of the component of the receiver of t

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR