2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01171

FILED Jan 25, 2005 8:00 am Secretary of State

01-25-2005 90031 041 ****61.25

1. Entity Name CITY PARK PLACE, INC.										
1330 S.E. 4TH AVENUE P.O.			Mailing Address P.O. BOX 030399 FT. LAUDERDALE, FL 3	3303 US			05528 	TAGU BIRK BIRU BIRU B	8 % 718 % 91	
2. Principal Place of Business 3. M			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01132005 _C	hg-NP	CR2E037 (10/	03)		
City & State		City & State			4. FEI Number 59-236806			Applied For Not Applicab		
Zip	Country		Žip	Country	5. Certificate of Status Desired S8.75 Addition Fee Required					
6Name and Address of Current Register			gistered Agent			7Name.and.Add	iress of New Re	gistered Agent_		
OTOGUTON BANBAN K BB					Name					
STOCKTON, RANDALL K DR 1330 SE 4TH AVE., SUITE L FT. LAUDERDALE, FL 33316				Street	Street Address (P.O. Box Number is Not Acceptable)					
11. 17.0021.07.121,172.00010				City				F. Zir	Code	
The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.					FL 1 1 1 1 1 1 1 1 1					
the obligat	ions of regist	ered agent.								
SIGNATURE	Signature, typed	or printed name of registered agent and	d title il applicable (NOTE:	Registered Agent eign	ature required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	Due by N		Trust Fund C	ontribution.			Florid	da Department	of State	
TITLE	Due by N	flay 1, 2005 OFFICERS AND DIRE	Trust Fund C	11.		Added to Fees ADDITIONS/CHANG	Floric ES TO OFFICER	da Department	of State	ion
TITLE NAME	PD STOCKTO	Tay 1, 2005 OFFICERS AND DIRE ON, DR. RANDALL	Trust Fund Co	11. THE PD NAME	Wi1	Added to Fees ADDITIONS/CHANG	Florid ES TO OFFICER hamer	da Department IS AND DIRECTO	of State	ion
TITLE	PD STOCKTO 1330 SE	flay 1, 2005 OFFICERS AND DIRE	Trust Fund Co	11.	Wi1	Added to Fees ADDITIONS/CHANG Lliam Boden SE 4th A	Floric ES TO OFFICER hamer venue, S	da Department IS AND DIRECTO IX Ch	of State RS IN 10 ange ☐ Additi	ion
TITLE NAME STREET ADDRESS	PD STOCKTO 1330 SE	OFFICERS AND DIRE ON, DR. RANDALL STH AVENUE, SUITE L	Trust Fund Co	11. THE PD NAME STREET ADDRESS	Wi1	Added to Fees ADDITIONS/CHANG	Floric ES TO OFFICER hamer venue, S	da Department IS AND DIRECTO IX Ch	of State RS IN 10 ange ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD STOCKTO 1330 SE 4 FT. LAUD VD DOVE, DR	TAY 1, 2005 OFFICERS AND DIRE ON, DR. RANDALL ITH AVENUE, SUITE L ERDALE, FL R. DENNIS	Trust Fund Co	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Will 133 For	Added to Fees ADDITIONS/CHANG Lliam Boden SE 4th A	Floric ES TO OFFICER hamer venue, S	da Department S AND DIRECTO S Cr uite D ida 33316	of State RS IN 10 ange ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD STOCKTO 1330 SE 4 FT. LAUD VD DOVE, DF 1330 SE 4	OFFICERS AND DIRE ON, DR. RANDALL ITH AVENUE, SUITE L ERDALE, FL R. DENNIS ITH AVENUE, SUITE H	Trust Fund Co	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Will 133 For	Added to Fees ADDITIONS/CHANG Lliam Boden SE 4th A	Floric ES TO OFFICER hamer venue, S	da Department S AND DIRECTO S Cr uite D ida 33316	of State RS IN 10 ange ☐ Addition	
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12. I hereby certify that the information supplied with this filing 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 617, 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: William Bodenhamer, President 1-14-05 954-524-6500