## **FILED** 2005 FOR PROFIT CORPORATION **ANNUAL REPORT** Jan 28, 2005 08:00 AN **Secretary of State** DOCUMENT # P00000052582 CI PROPERTIES, INC. Principal Place of Business Mailing Address 1420 BISCAYA DR 1420 BISCAYA DR MIAMI. FL 33154 MIAMI, FL 33154 01182005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1012874 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SILVER, SCOTT A DO NOT WRITE 1110 BRICKELL AVE, PH 1 MIAMI, FL 33131 IN THIS SPACE 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000201669 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 01/28/05-80077-006 150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE IZHAK, YORAM NAME STREET ADDRESS 1110 BRICKELL AVE, PH ONE CITY-ST-ZIP MIAMI, FL 33131 TITLE CABREN, TOM NAME STREET ADDRESS 1450 BIERGE DR CITY-ST-ZIP MIAMI, FL 33154 TITLE STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact report with all address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Ishyk

305-877-1975

Daytime Phone #