2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90072 012 ***150.00 **DOCUMENT # P01000066193** 1. Entity Name LUND PROPERTY MANAGEMENT, INC. 24051839 Principal Place of Business Mailing Address 2536 VAN BUREN ST 2536 VAN BUREN ST 2B HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business 3. Mailing Address 3506 University DR. 350 S. University Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. 04152004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State Pembroke Lines, FL rembroke Pines, Fl 65-1121226 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u>u5A</u> 33025 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUND, MICHAEL 2536 VAN BUREN STREET Box Number is Not Acceptable) APT 2B HOLLYWOOD, FL 33020 Pembroke Pines of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submi the obligations of registere 4-15-04 SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Addition TITLE TITLE LUND, MICHAEL 350 S. University Dr. LUND, MICHAEL NAME 2536 VAN BUREN STREET #2B STREET ADDRESS STREET ADDRESS Pembroke Pines, FL. 33025 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33020 Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition | ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change THE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 empowed 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 ar SIGNATURE:

FILED