


**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90052 029 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

2/

**DOCUMENT # P01000066679**  
 1. Entity Name  
**ALBANESE-POPKIN HUGHES COVE, INC. II**



<b>Principal Place of Business</b> 1200 S ROGERS CIRCLE #11 BOCA RATON, FL 33487	<b>Mailing Address</b> 1200 S ROGERS CIRCLE #11 BOCA RATON, FL 33487
---	---

**66005774**



01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1123610</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**POPKIN, EDWARD**  
**5355 TOWN CENTER ROAD**  
**SUITE 801**  
**BOCA RATON, FL 33486**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS POPKIN, EDWARD D 5355 TOWN CENTER ROAD SUITE 801 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALBANESE, LEONARD A 1200 S. ROGERS CIRCLE 311 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Daytime Phone #:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR