2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

Secretary of State 1. Ently Name 4.21 PROPERTY INC. Principal Place of Business 1. Mailing Address 1. On See A. Rodriguez, Eq. 2. Principal Place of Business 1. Mailing Address 1. Mailing Address 1. On See A. Rodriguez, Eq. 2. Principal Place of Business 1. Mailing Address								
### April Property Final Company Place of Business ### Colors A Rodriguez, Eq. Principal Place of Business Abaling Address Colors A Rodriguez, Eq.	DOCUMENT # P02000027294 1. Entity Name						Secretary of State	
2. Principal Place of Business 100 SE 2 nd Street 100 SE 2 nd Street, Suite 2900 100	421 PROPERTY INC.							
2. Principal Place of Business 100 SE 2 nd Street 100 Suite 2000 Suite	Principal Plac	ce of Business	Mailing Address					
Sulte, Apt if, etc. Suite 2900 City & State Milami, FL Country Sal State Milami, FL Sal Add Sal Not Applicable Sal Applied For Not Applicable Sal Applied For Not Applicable Sal Sal Sal Sal Sal Not Applicable Sal Sal Sal Sal Not Applicable Sal	c/o Jose A.	Rodriguez, Esq.	c/o Jose A. Rodriguez, Esq.					
Suite 2900 City & State Miami, FL Country 33131 Country 34. FEI Number 38.3646364 Accountry 55.00 Acdidional Fee Required 56. Outs Registered Agent 38. Accountry 45. Country	2. Principal Place of Business							
Suite 2900 Solida State								
City & State Miami, FL Diami, FL A, FEI Number 38-3046364 Not Applicable So, Country 33131 US S. Certificate of Status Desired So, Conditional Fee Required Fee						-	DO NOT WRITE IN THIS SPACE	
Miami, FL Zip Zip Zip US 33131 Country Zip US 5. Certificate of Status Desired	V =		1_17_17_17_17_17_17_17_17_17_17_17_17_17				4 EEI Number Applied For	
Signature Suite 2900	f =		1 -				4. I El Nambel	
8. Name and Address of Current Registered Agent Name Jose A. Rodriguez, Esq.	•	-		-		:		
Name Jose A. Rodriguez, Esq.			I	100	l	7. N		
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street Suite 2900 City					Name			
Signature Signature Signa					1			
8. The above named entity submits this statement of the purpose of exactling its registered office or registered agent, or both, in the State of Flordiags SIGNATURE Section 1	. **				ı	•	· · ·	
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8. The above named entity submits this statement for the purpose of exampting its registered office or registered agent, or both, in the State of Florida: SIGNATURE Signature Signa			City					
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9. MANAGING MEMBERS/ MEMBERS TITLE NAME STREET ADDRESS CITY-ST-ZIP TI		Signature typed or printed name	of registered agent and to	tla if applica	ble.	(NOTE: Regi	istered Agent signature required when reinstating)	
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