

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-15-2005 90082 025 ***150.00

| | | | | | |
|--|---|---------------------------------|---|---|--|
| DOCUMENT # P02000027294 | | | | | |
| 1. Entity Name 421 PROPERTY INC. | | | | | |
| Principal Place of Business c/o Jose A. Rodriguez, Esq. | | | Mailing Address c/o Jose A. Rodriguez, Esq. | | |
| 2. Principal Place of Business 100 SE 2nd Street | | | 3. Mailing Address 100 SE 2nd Street | | |
| Suite, Apt. #, etc. Suite 2900 | | | Suite, Apt. #, etc. Suite 2900 | | |
| City & State Miami, FL | | | City & State Miami, FL | | |
| Zip 33131 | | Country US | Zip 33131 | | Country US |
| | | | 4. FEI Number 38-3646364 | | Applied For <input type="checkbox"/> Not Applicable |
| | | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | 7. Name and address of New Registered Agent | | |
| | | | Name Jose A. Rodriguez, Esq. | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street | | |
| | | | Suite 2900 | | |
| | | | City Miami FL Zip 33131 | | |
| 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. | | | | | |
| SIGNATURE 4/1/05 | | | | | |
| <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FEE IS \$150.00 DUE BY MAY 1, 2005 | | | Make Check Payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/ MEMBERS | | | 10. ADDITIONS/ CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT Rinaldi, Fabian 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT Rinaldi, Fabian 100 SE 2nd Street, Suite 2900 Miami, FL 33131 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS Rodriguez, Jose A 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS Rodriguez, Jose A 100 SE 2nd Street, Suite 2900 Miami, FL 33131 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE | | | 4/1/05 3054233424 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |