## **2003 FOR PROFIT CORPORATION**

	003 FOR PROF			FILED Mar 19, 2003 8:00 am
DOCUMENT # P02000053833  1. Entity Name INDEPENDENT INVESTMENT PROPERTIES, INC				Secretary of State 03-19-2003 90154 014 ***150.00
Principal Place of Business  2701 N SR 2  HOLLYWOOD FL 33021  Mailing Address 2335 NE 199 ST NORTH MIAMI BEACH FL 33180				
2. Principal Place of Business 3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES
City & Stat	rentura FC	City & State		4. FEI Number CO-0053479 Applied For Not Applicable
Zip 352	6. Name and Address of Current	Zip  Registered Agent	Country	5. Certificate of Status Desired S8.75 Additional Fee Required  7. Name and Address of New Registered Agent
2335 NE 1	MATTHEW S 199 ST IAMI BEACH FL 33180		Street Address (	(P.O. Box Number is Not Acceptable)
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 the it applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
OTTICE THE DITECT	P. ZAGAJA, MATTHEW S 2335 NE 199 ST NORTH MIAMI BEACH FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SISSONS, BRIAN 3700 SW-SUNSET-TRACE CIRCL PALM CITY FL 34990	<b>∭</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME *STREET ADDRESS* CITY-ST-ZIP	transmission and the second	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor.	on this report or supplemental report is	true and accurate and that movered to execute this report a	v signature shall have the :	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE:** 

1/22/03 305 608 8719
Date Daytime Phone #