

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90284 029 ***150.00

DOCUMENT # P02000107140 1. Entity Name VERO ISLAND PROPERTIES, INC.					
Principal Place of Business 9891 U.S. HIGHWAY 1 SEBASTIAN, FL 32958 US			Mailing Address 115 SANDPOINTE COURT VERO BEACH, FL 32963		
2. Principal Place of Business 115 Sandpointe Ct.		3. Mailing Address Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State		4. FEI Number 35-2184335	
Zip 32963		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALVAN, MITCHELL B 9891 U.S. HIGHWAY 1 SEBASTIAN, FL 32958			7. Name and Address of New Registered Agent Name Malvan, Mitchell B. Street Address (P.O. Box Number is Not Acceptable) 115 Sandpointe Ct. City Vero Beach FL Zip Code 32963		
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 <u><i>M. B. Malvan</i></u> Mitchell B. Malvan 4/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALVAN, MITCHELL 115 SANDPOINTE COURT VERO BEACH, FL 32963 <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	ST MALVAN, MITCHELL B. 115 SANDPOINTE COURT VERO BEACH, FL 32963 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>M. B. Malvan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>Mitchell B. Malvan</i></u> President Date 4/24/05 Daytime Phone # 772 532-4040		