2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: _

May 16, 2008 8:00 am Secretary of State DOCUMENT # P02000126457 1. Entity Name 05-16-2008 90185 001 ***750.00 BUY PROPERTIES, INC. Principal Place of Business Mailing Address 2205 HOLLYWOOD BLVD 2205 HOLLYWOOD BLVD HOLLYWOOD FL 33020-6707 HOLLYWOOD FL 33020-6707 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 46-0516867 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANGBAUM, MADELINE Street Address (P.O. Box Number is Not Acceptable) 2205 HOLLYWOOD BLVD HOLLYWOOD FL 33020-6707 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST TITLE ☐ Delete TITLE Change Addition LANGBAUM, MADELINE NAME NAME STREET ADDRESS 2515 NE 208TH TERRACE STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33180 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TOTALE ☐ Delete ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 affectment with an address, with all other like empowered.

FILED