2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90215 002 ***150.00

DOCUMENT # P03000002733

1. Entity Name
AREL PROPERTIES, INC.

Principal Place of Business	Mailing Address
5353 TUSCANA TRAIL BOYNTON BEACH, FL 33437	5353 TUSCANA TRAIL BOYNTON BEACH, FL 33437

14006399

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5353 /Toscana Trail	5353 Toscana Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach	City & State: Boynton Beach, FL
Zip: 33437 — Country: Palm Beach	Zip: 33437 — Country: Palm Beach

4. FEI Number: 59-3764058 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AXELROD, LEONARD
60 ANDOVER C
WEST PALM BEACH, FL 33417

7. Name and Address of New Registered Agent

Name: Leonard Axelrod
Street Address (P.O. Box Number is Not Acceptable): 5353 Toscana Trail
City: Boynton Beach FL Zip Code 33437

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] Leonard Axelrod 4/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	AXELROD, LEONARD	
STREET ADDRESS	3358 TOSCANA TRAIL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	T	☐ Delete
NAME	AXELROD, RIVKA	
STREET ADDRESS	5353 TOSCANA TRAIL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
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TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: [signature] Leonard Axelrod April 25,2005 561-704-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #