FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90051 021 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000016131

1. Entity Name
ZUG PROPERTIES, INC.

Principal Place of Business	Mailing Address
3111 UNIVERSITY DRIVE 608 CORAL SPRINGS, FL 33065	3111 UNIVERSITY DRIVE 608 CORAL SPRINGS, FL 33065

01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2801 University Drive	2801 University Drive
Suite, Apt. #, etc. 203	Suite, Apt. #, etc. 203
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33065 Country USA	Zip 33065 Country USA

4. FEI Number 02-0673334 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABZUG, MARK
3111 UNIVERSITY DRIVE
608
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name Mark Abzug
Street Address (P.O. Box Number is Not Acceptable) 2801 University Drive, Suite 203
City Coral Springs FL Zip Code 33065

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 Mark Abzug — 01/06/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 ABZUG, MARK 3111 UNIVERSITY DRIVE, SUITE 608 CORAL SPRINGS, FL 33065	☐ Delete	☑ Change ☐ Addition 2801 University Drive, Suite 203 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABZUG, ALYSA S 3111 UNIVERSITY DRIVE, SUITE 608 CORAL SPRINGS, FL 33065	☐ Delete	☑ Change ☐ Addition 2801 University Drive, Suite 203 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

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: Mark Abzug, President — 01/06/04 — (954)753-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARK ABZUG, President