

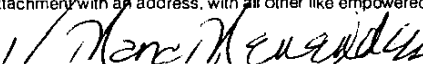


FILED
May 01, 2007 8:00 am
Secretary of State

90000000

DOCUMENT # P03000084464				05-01-2007 90037 021 ***150.00	
1. Entity Name VERO BEACH PROPERTIES INVESTMENTS CORPORATION					
Principal Place of Business 1600 SAWGRASS CORP PKWY SUITE 300 FORT LAUDERDALE, FL 33323		Mailing Address 1600 SAWGRASS CORP PKWY SUITE 300 FORT LAUDERDALE, FL 33323		4000000	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007 Chg-P CR2E034 (12/06)	
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 56-2386653	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, MARK F ESQ. 200 EAST BROWARD BLVD., 15TH FLOOR FT. LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <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, 2007 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	DP EZRATTI, ITZHAK 1401 UNIVERSITY DR # 200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 300 Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS FANT, ALAN J 1401 UNIVERSITY DR # 200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 300 Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COSTELLO, RICHARD A 1401 UNIVERSITY DR # 200 CORAL SPRINGS, FL 33071	<input checked="" 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	V NORWALK, RICHARD M 1401 UNIVERSITY DR # 200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 300 Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MENENDEZ, N MARIA 1401 UNIVERSITY DR # 200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MENENDEZ, N. MARIA 1600 Sawgrass Corp Pkwy, Suite 300 Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CORBAN, PAUL 1401 UNIVERSITY DR # 200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 300 Sunrise, FL 33323	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		N. MARIA MENENDEZ, VICE PRESIDENT		4/27/07 954-753-1730	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	