2004 FOR PROFIT CORPORATION

Apr 21, 2004 8:00 am Secretary of State ANNUAL REPORT 04-21-2004 90021 045 ***150.00 DOCUMENT # P03000104863 1. Entity Name SHOBAS PROPERTIES, INC. Principal Place of Business Mailing Address 54037906 % 2498 NW 66TH DRIVE % 2498 NW 66TH DRIVE BOCA RATON, FL 33496 BOCA RATON, FL 33496 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 CR2E034 (10/03) 4. FEI Number 54 - 21268 City & State City & State Applied For Not Applicable · Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GLUCK, RONDA D Street Address (P.O. Box Number is Not Acceptable) 980 NORTH FEDERAL HIGHWAY SUITE 402 BOCA RATON, FL 33432 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Ō Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE Delete TITLE Change ☐ Addition LUCK , RONDA CLUCK, RONDA D NAME NAME 2498 NW 66th Drive % 2498 NW 66TH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33496 Change TITLE ☐ Delete TITLE ☐ Addition NAME AMERLING-STERN, SUSAN NAME STREET ADDRESS % 2498 NW 66TH DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME . GLUCK; DAVID NAME STREET ADDRESS % 2498 NW 66TH DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-7IE Defete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 of 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 of the receiver or trustee exposured 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 the like empowered. RONDA D. GLUCK 1/4

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 368-5757

FILED