

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 02, 2005 8:00 am
Secretary of State

05-02-2005 90412 021 ***150.00

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|---|--|---|---|---|---|
| DOCUMENT # P04000031769 1. Entity Name STONE COLD PROPERTIES, INC. | | | | | |
| Principal Place of Business 267 AVALON ANEVUE LAUDERDALE BY THE SEA, FL 33308 | | | Mailing Address 267 AVALON AVENUE LAUDERDALE BY THE SEA, FL 33308 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 66020823 | |
| City & State Zip | | City & State Zip | | 4. FEI Number 20-0789780 Applied For <input type="checkbox"/> Not Applicable | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TRICK, WILLIAM W JR. 1216 EAST ATLANTIC BLVD. SUITE 7 POMPANO BEACH, FL 33060 | | | | 7. Name and Address of New Registered Agent Name LARRY LEGEL Street Address (P.O. Box Number is Not Acceptable) 800 WEST CYPRESS CREEK ROAD SUITE 470 City FT. LAUDERDALE FL Zip Code 33309 | |
| 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 <u>Larry Legel</u> LARRY LEGEL DATE 4/30/5 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | D <input type="checkbox"/> Delete LANGERAAR, HOTSE 267 AVALON AVENUE LAUDERDALE BY THE SEA, FL 33308 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BUCHACHER, BENNETT B 3418 BEACON STREET POMPANO BEACH, FL 33062 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Hotse Langeraar</u> HOTSE LANGERAAR, D DATE 4/30/5 954 4938900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |