

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90316 032 ***163.75

DOCUMENT # P04000037667

1. Entity Name
LIFESTYLE PROPERTY INVESTMENTS, INC.



Principal Place of Business

7240 NE 4TH AVE
MIAMI, FL 33138

Mailing Address

7240 NE 4TH AVE
MIAMI, FL 33138

50044169



2. Principal Place of Business

5750 Collins Ave

3. Mailing Address

5750 Collins Ave

Suite, Apt. #, etc.

Suite 15 G

Suite, Apt. #, etc.

Suite 15 G

04222005

Chg-P

CR2E034 (10/03)

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

20-0755713

Applied For

Not Applicable

Zip

33140

Country

U.S.A.

Zip

33140

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASERTA, RANIERE
7240 NE 4TH AVE
MIAMI, FL 33138

ADDRESS CHANGE

7. Name and Address of New Registered Agent

Name

CASERTA, RANIERE

Street Address (P.O. Box Number is Not Acceptable)

5750 Collins Ave.

Suite 15 G

City

Miami Beach

FL

Zip Code

33140

8. The above named entity admits 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

Raniero Caserta Pres. **RANIERE CASERTA 22 APR. 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 ☐ Delete
NAME D
STREET ADDRESS CASERTA, RANIERE
CITY-ST-ZIP 5750 COLLINS AVE, 15-G
MIAMI BEACH, FL 33140

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

Raniero Caserta **Raniero Caserta 22 Apr 05 305-968 0254**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #