

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90042 038 ***150.00

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|--|---|--|--|
| DOCUMENT # P04000050554 1. Entity Name B & R INVESTMENT PROPERTIES FL, INC. | | | |
| Principal Place of Business 11140 ROCKVILLE PIKE SUITE 620 ROCKVILLE, MD 20852 | | Mailing Address 11140 ROCKVILLE PIKE SUITE 620 ROCKVILLE, MD 20852 | |
| 2. Principal Place of Business 11200 ROCKVILLE PIKE | | 3. Mailing Address 11200 ROCKVILLE PIKE | |
| Suite, Apt. #, etc. SUITE 502 | | Suite, Apt. #, etc. SUITE 502 | |
| City & State ROCKVILLE, MD | | City & State ROCKVILLE, MD | |
| Zip 20852 | Country USA | Zip 20852 | Country USA |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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, 2006 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 | C BRESLER, CHARLES S 11140 ROCKVILLE PIKE ROCKVILLE, MD 20852 <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 | CEOS BRESLER, SIDNEY M 11140 ROCKVILLE PIKE ROCKVILLE, MD 20852 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/CEO/P 11200 ROCKVILLE PIKE, SUITE 502 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T EDELSTEIN, DARRYL M 11140 ROCKVILLE PIKE ROCKVILLE, MD 20852 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO/VP/T 11200 ROCKVILLE PIKE, SUITE 502 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CAFARDI, JEAN S 11140 ROCKVILLE PIKE ROCKVILLE, MD 20852 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 11200 ROCKVILLE PIKE, SUITE 502 <input checked="" 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 |
| 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 |
| 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: <u><i>JEAN S. CAFARDI</i></u> JEAN S. CAFARDI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 1-24-06 <small>Date</small> | 301-945-4300 <small>Daytime Phone #</small> |