FILED May 01, 2008 8:00 am Secretary of State 05-01-2008 90197 002 ***150.00

2008 FOR PROFIT CORPORATION

ANNUAL REPURI						05 01 2	2000 2012	, 002	150.00	
DOCUMENT # P0400073309 1. Entity Name FVC FLORIDA PROPERTIES INC.						60036	356			
Principal Plac	a of Business	Mailing Address					•			
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500 NORTH		500 NORTH BROADWAY	10							
JERICHO, NY	11753 US	JERICHO, NY 11753 (JS	- 1						
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Principal Place of Business - No P.O. Box # 3. Mailing Address								di 188 i 188 i 18		
31 (31 Commercial St. 31 Commercial S									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04172008	Chg-P	CBSEG	34 (12/06)		
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City & Stat	8	City & State			4. FEI Numb	er		Ap	plied For	
Piair		Pinunview	NIV		NOT AF	PLICABLE		No	t Applicable	
Zip	Country	Zip	Country	-						
		11-803	IJSA		Certificate	of Status Desired		\$8.75 Add Fee Require		
<u> </u>			054						<u></u>	
	6. Name and Address of Current F	Name		7. Name and	Address of New	Registered A	gent			
SOLOMON, MICHAEL D				(C) (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						
106 BIMIN			Street A	Street Address (P.O. Box Number is Not Acceptable)						
DUCK KE	Y, FL 33050		<u> </u>		·	····				
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			City					Zip Cod	e	
			""				FL	0,000	•	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	registere	ed agent, or bo	th, in the State of F	lorida. I am f	amiliar with,	and accept	
	lons of registered agent.	• • • • •	•	-	_				·	
, and the state of										
SIGNATURE.		<u></u>								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signet.	ure required and	when reinstating)		DATE			
FIL	E NOW!!! FEE IS \$150.00	Election Campaign	Financing _	\$5.6	DO May Be					
	sy 1, 2008 Fee will be \$550.0	Trust Fund Contrib	ution.	Adde	d to Fees					
										
10.	OFFICERS AND I		11.	,	ADDITIONS	CHANGES TO OF	FICERS AND	_		
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iz. i nereby i	certify that the information supplied with on this report or supplemental report is	une ming uces not quality for t	rie exemptions c signature shall h	ave the s	ame legal effer	o, monos Statutes. Et as if made under	roath; that I a	ny unau the in Than officer	or director	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receipt 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 a rectar that empowered, a statute of the corporation or the receipt or trustee empowered to execute the report is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a rectar that are my name appears in Block 10 or Block 11 if changed, or on an attachment with an address.										
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SIGNATURE: 4-30-05 516 F22 5055 SIGNATURE: SIGNATORE AND TYPED OR PRINTED NAME OF SKURDINGS FICER OR DIRECTOR Date Date Deptine Proce (
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	SIGNATURE AND TYPED OR PI	RINTED NAME OF SIGNINGS FICER OF	DIRECTOR			Date	De	ysme imone #		