2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 16, 2005 8:00 am DOCUMENT # P04000099009 Secretary of State 1. Entity Name 02-16-2005 90051 005 ***150 00 FIRST & FIRST PROPERTY, INC. Principal Place of Business Mailing Address 2503 S.W. 27TH AVE MIAMI FL 33133 2503 S.W. 27TH AVE MIAMI FL 33133 3. Mailing Address 2. Principal Place of Business 98 SE 157 3151 COral Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State Applied For City & State in land 20-1326367 wisw Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired \Box ゴ3ノコノ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STUNF STONE, DAVID E Street Address (P.O. Box Number is Not Acceptable) 2503 S.W. 27TH AVE MIAMI FL 33133 3191 COURL WAY # 1008 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE 4 Change ☐ Addition TITLE ☐ Delete STONE, DAVID E NAME NAME 3151 com was # 1008 STREET ADDRESS STREET ADDRESS 2503 S.W. 27TH AVE CITY-ST-ZIP **MIAMI FL 33133** CITY-ST-ZIP Addition TITLE ☐ Delete GUILLIMO SOSTCHIN NAME 3/9/ corax was # 1008 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITEE Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE 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 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 attach therefore twith an address, with all other like empowered.

F SIGNING OFFICER OR DIRECTOR Date Description SIGNATURE: