## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 21, 2005 8:00 am Secretary of State **DOCUMENT # P04000115004** 1. Entity Name 04-21-2005 90259 012 \*\*\*158 75 COVE REAL PROPERTIES, INC. Principal Place of Business Mailing Address 641 S.W. 16TH STREET 641 S.W. 16TH STREET 50042035 BOCA RATON, FL 33486 BOCA RATON, FL 33486 2. Principal Place of Business 3. Mailing Address 645 SE 645 SE. Suite, Apt. #, etc. Suite, Apt. #, etc. 03282005 CR2E034 (10/03) City & State City & State 4. FEI Numbe Applied For **120-**Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FIELDS, RANDOLPH GREENBERG TRAURIG, P.A. 450 S. ORANGE AVENUE, SUITE 650 ORLANDO, FL 32801 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 SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS COTY-ST-ZIP \*\*\* CITY-ST-7P 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 SIGNATURE:

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