2005 FOR PROFIT CORPORATION **ANNUAL REPORT** 

## Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P04000126517** 04-04-2005 90090 016 \*\*\*150.00 1. Entity Name PROPERTY INVESTMENT EXCHANGE, INC. Principal Place of Business Mailing Address PPATTONY **301-CLAMATIS STREET SUITE-3000** 301 CLAMATIS STREET SUITE 2000 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 301 Clematis St 3. Mailing Address 301 Clematis St Suite, Apt. #, etc. Suite, Apt, #, etc. 03272005 Chg-P CR2E034 (10/03) Suite 3000 3000 vite City & State City & State 4. FEI Number Applied For 75-3166383 Not Applicable \$8.75 Additional Zip Country Ζiρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEODORESCU, DUMITRU D Street Address (P.O. Box Number is Not Acceptable) 301 Clematis Style 3000 301 CLAMATIC CTREET SUITE 3000 WEST PALM BEACH, FL 33401 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition TILE Change PIKULA DANIEL S NAME NAME STREET ADDRESS 4155 N HAVERHILL #1409 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33417 CITY-ST-ZIP Deleta ☐ Change TITLE TITLE ☐ Addition TEODORESCU, DUMITRU S NAME NAME 2019 BROWARD AVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33407 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition KAME STREET ADDRESS STREET ADDRESS CITY - ST - 712 CITY - 53 - 71P THEF. NAME STREET ADDRESS STREET ADORESS CITY-SI-7IP CITY-51-70 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. Thereby 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 suppliemental 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 by further 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 sit other like empowered. SIGNATURE:

Centre

Destine Phone #

SIGNATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

**FILED**