2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 8:00 am Secretary of State 05-01-2006 90337 025 ***150 00 DOCUMENT # P05000009403 JARÁH PROPERTIES, INC. 40072201 Principal Place of Business Mailing Address 800 W CYPRESS CREEK ROAD SUITE 470 800 W CYPRESS CREEK ROAD SUITE 470 FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State <u>20-2</u>258747 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W CYPRESS CREEK ROAD SUITE 470 FT LAUDERDALE, FL 33309 Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ASST. SEC Change Addition TITLE Delete TITLE LEGEL, LARRY LEGEL, LARRY NAME NAME STREET ADDRESS 800 W CYPRESS CREEK ROAD SUITE 470 STREET ADDRESS 800 W. CYPRESS CREEK ROAD SUITE 470 FT LAUDERDALE, FL CITY-ST-7IP FT LAUDERDALE, FL 33309 CITY-ST-7IP Change X Addition Delete TITLE TITLE DPTS GARY S. RADEBAUGH NAME NAME 1399 S.W. 3RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33486-4429 BOCA RATON, FL CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition THLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ПСпалде ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

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.

DIRECTOR

SIGNATURE:

FILED

Daytime Phone #