


02-06-2006 90068 001 \*\*\*150.00  
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## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

06 MAR -7 PM 1:00  
 STATE OF FLORIDA  
 TALLAHASSEE  
 60012250

<b>DOCUMENT # P05000045780</b> 1. Entity Name <b>BOND REAL ESTATE PROPERTIES, INC.</b>					
Principal Place of Business <b>150 S.E. 2ND AVENUE          SUITE 1200          MIAMI, FL 33131</b>		Mailing Address <b>150 S.E. 2ND AVENUE          SUITE 1200          MIAMI, FL 33131</b>			
2. Principal Place of Business <b>1001 BRICKELL BAY DRIVE</b> <small>Suite, Apt. #, etc.</small> <b>1400</b>		3. Mailing Address <b>1001 BRICKELL BAY DRIVE</b> <small>Suite, Apt. #, etc.</small> <b>1400</b>			
<small>City &amp; State</small> <b>MIAMI, FL</b>		<small>City &amp; State</small> <b>MIAMI, FL</b>		4. FEI Number <b>20-2642595</b>	
<small>Zip</small> <b>33131</b>		<small>Country</small> <b>USA</b>		<small>Applied For</small> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<small>Zip</small> <b>33131</b>		<small>Country</small> <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MULLIN, TERRANCE J ESQ.          150 S.E. 2ND AVENUE          SUITE 1201          MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent <small>Name</small> <b>BORIS ROSEN</b> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>1001 BRICKELL BAY DRIVE          SUITE 1400</b> <small>City</small> <b>Miami</b> <small>FL</small> <small>Zip Code</small> <b>33131</b>	
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: <i>Mullin</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <b>2/2/06</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>D</b> <b>ROSEN, BORIS</b> <b>150 S.E. 2ND AVENUE SUITE 1200</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>D-ROSEN, BORIS</b> <b>1001 BRICKELL BAY DRIVE STE 1400</b> <b>MIAMI, FL 33131</b>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
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, trustee, or 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.					
SIGNATURE: <i>Mullin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>BORIS ROSEN</b> <small>Date</small>		<b>2/2/06</b> <small>Date</small>
					<b>(305) 374-2001</b> <small>Daytime Phone #</small>