2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 8:00 am Secretary of State 01-18-2005 90028 040 ***150.00

Pincipal Place of Business 2,500 M 39 ST MAMI, FL 33142 US MAMI, FL 33142 US MAMINI, FL 33143 US MAMINI, FL 33144 US MAMINI, FL 331	DOCUMENT # P92000014551 1. Entity Name INNER CITY PROPERTY DEVELOPMENT CORPORATION						01-18-2005 90	0028 040 ***150	0.00	
Suite, Apt. #, etc. Suite, Apt. #, etc. Cry & State Cry & State A. FEI Number 65-0382/492 Nat Applicable For 65-0382/49	2500 NW 39 ST		2500 NW 39 ST							
City & State Country Country E. Name and Address of Current Registered Agent F. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name MAGFUIRE, MARY Street Address (P.O. Box Number is Not Acceptable) City F.L. Zip Code City F.L. Zip Code City F.L. Zip Code Street Address (P.O. Box Number is Not Acceptable) City F.L. Zip Code City F.L. Zip Code Street Address (P.O. Box Number is Not Acceptable) City F.L. Zip Code Street Address (P.O. Box Number is Not Acceptable) T. Name and Address of New Registered Agent City F.L. Zip Code City F.L. Zip Code Street Address (P.O. Box Number is Not Acceptable) T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City F.L. Zip Code City F.L. Zip Code City F.L. Zip Code T. State Address of Pool Number is Not Acceptable) DATE F.L. NowIll Fee Is \$150,000 Address May 1, 2005 Fee will be \$550.00 Street Address Agent upgrater inscribed when indicately in the Address of New Agent agent in the Control of Number in the City in the State of Florida. I am familiar with, and accept the City of Pool of Number in the City of Number in the	2. Principal Place of Business		3. Mailing Address							
Zip Country Zip Country Sip Country Sign Sign Sign Sign Sign Sign Sign Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005	Chg-P	CR2E034 (10/03)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. 10.	City & State		City & State				492	├		
MAGFUIRE, MARY 2500 NW 39 ST MIAMI, FL 33142 City FL Zip Code	Zip	Country Zip		Coun	try	5. Certificate o	f Status Desired			
STREAT ADDRESS OTT-ST-2P MANUEL FED LE, PETER SOUS ONCREST DRIVE ORDS STREAT ADDRESS STREAT ADD		6. Name and Address of Current F	legistered Agent			7. Name and A	ddress of New R	egistered Agent		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature	2500 NW 39 ST									
SIGNATURE Signature Signa					City			FL Zip Co	de	
After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE										
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE	Signature, typed or printed name of registered agent en	nd title if applicable. (NOTE	: Registere	d Agent signature requir	ed when reinstating)		DATE	_	
TITLE NAME FEDELE, PETER FEDELE, JOHN FEDELE, J					· •				<u></u> .	
NAME SIREET ADDRESS CITY-ST-ZIP TITLE D GERSHUNY, HOWARD SIREET ADDRESS CITY-ST-ZIP TITLE D MANHATTAN BEACH, CA 90266 TITLE MAGUIRE, MARY F SIREET ADDRESS CITY-ST-ZIP TITLE D MAGUIRE, MARY F SIREET ADDRESS CITY-ST-ZIP TITLE D COCONUT GROVE, FL 33133 TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADD	10,	OFFICERS AND C	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 TITLE D GERSHUNY, HOWARD STREET ADDRESS CITY-ST-ZIP MANHATTAN BEACH, CA 90266 TITLE MANE STREET ADDRESS CITY-ST-ZIP TITLE NAME	TITLE	_	☐ Delete	TITLE	- - ·			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP MANHATTAN BEACH, CA 90266 TITLE D MAGUIRE, MARY F STREET ADDRESS CITY-ST-ZIP TITLE D MAGUIRE, MARY F STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	5800 SUNCREST DRIVE		STRE	ET ADDRESS					
TITLE MAME MAGUIRE, MARY F STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition	NAME Street Address	GERSHUNY, HOWARD 3112 MANHATTAN AVE		NAM STRE	E et address			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	D Delete MAGUIRE, MARY F 3015 EMATHLA ST		NAM STRE	E Et address		_	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHARGE STREET ADDRESS CITY-ST-ZIP CHARGE STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	FEDELE, JOHN 5800 SUNCREST DRIVE	☐ Delete	NAM STRE	E ET ADDRESS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	D FEDELE, KEN 5800 SUNLÆST DR MUECREST FL 331		NAM STRE	e et address			☐ Change	Addition	
The state of the s	NAME Street address City-St-Zip	•	☐ Delete	NAM STRE CITY	E ET ADDRESS -ST-ZIP	200100 440 07/01/2	Elosida Statutas			

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 an address with all other like empowered.

SIGNATURE: _

UREAND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/05

Daytime Phone #