2007 FOR PROFIT CORPORATION

Jan 19, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P92000014551 01-19-2007 90034 024 ***150.00 INNER CITY PROPERTY DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 50001153 2500 NW 39 ST 2500 NW 39 ST MIAMI, FL 33142 MIAMI, FL 33142 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01102007 Applied For City & State City & State 4. FEI Number 65-0382492 Not Applicable Zip Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) 2500 NW 39 ST MIAMI, FL 33142 City Zip Code 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. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Delete ☐ Change ■ Addition TITLE TITLE FEDELE, PETER NAME NAME STREET ADDRESS 5800 SUNCREST DRIVE STREET ADDRESS MIAMI, FL 33156 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE GERSHUNY, HOWARD NAME NAME 3112 MANHATTAN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MANHATTAN BEACH, CA 90266 Change ☐ Addition Delete TITLE TITLE NAME MAGUIRE, MARY F NAME 3015 EMATHLA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME FEDELE, JOHN 20 Bricken Bay Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME FEDELE, KEN NAME 5800 SUNCREST DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINECREST, FL 33156 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED