

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000021844**

1. Entity Name  
**SPECIALIZED PROPERTIES, INC.**



Principal Place of Business  
**999 NE 125 ST  
N MIAMI, FL 33161 US**

Mailing Address  
**999 NE 125 ST  
N MIAMI, FL 33161 US**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0398794**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SHARPIRO, JOHN H  
999 NE 125TH ST  
14 NE FIRST AVE SUITE 1205  
NORTH MIAMI, FL 33161**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000184576  
01/20/05-80034-013 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHAPIRO, HARRIET  
999 NE 125TH ST  
NORTH MIAMI, FL 33161**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHARPIO, SIDNEY  
999 NE 125TH ST  
NORTH MIAMI, FL 33161**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RIVERA, LUISA  
999 NE 125TH ST  
NORTH MIAMI, FL 33161**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-05**

Date

**305 837 222**

Daytime Phone #