

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90094 016 ***150.00

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**

2. Principal Place of Business
**13899 Biscayne Blvd
Suite, Apt. #, etc.
317**

3. Mailing Address
**13899 Biscayne Blvd
Suite, Apt. #, etc.
317**

City & State
North Miami, Florida
Zip
33181
Country
Miami, Dade

City & State
North Miami, Florida
Zip
33181
Country
Miami-Dade

02032006 Chg-P CR2E034 (11/05)

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**

7. Name and Address of New Registered Agent

Name
Harriet Shapiro
Street Address (P.O. Box Number is Not Acceptable)
13899 Biscayne Blvd Suite 317
City
North Miami **FL** Zip Code
33181

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, HARRIET	
STREET ADDRESS	999 NE 125TH ST	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARPIO, SIDNEY	
STREET ADDRESS	999 NE 125TH ST	
CITY-ST-ZIP	NOTH MIAMI, FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, LUISA	
STREET ADDRESS	999 NE 125TH ST	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harriet Shapiro	
STREET ADDRESS	10667 Quaybridge CT	
CITY-ST-ZIP	Miami, FL 33138	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sydney Shapiro	
STREET ADDRESS	10667 Quaybridge CT	
CITY-ST-ZIP	Miami, FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luisa Rivera	
STREET ADDRESS	13899 Biscayne Blvd Suite 317	
CITY-ST-ZIP	North Miami, FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 17, 2006 305 940 6665
Date Daytime Phone #