# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 05, 2009**
**Secretary of State**

DOCUMENT# P93000021844

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

**Current Principal Place of Business:**

13899 BISCAYNE BLVD
SUITE 127
MIAMI, FL 33181 US

**New Principal Place of Business:**

**Current Mailing Address:**

13899 BISCAYNE BLVD
SUITE 127
MIAMI, FL 33181 US

**New Mailing Address:**

**FEI Number: 65-0398794** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAPIRO, HARRIET
13899 BISCAYNE BLVD. STE. 127
NORTH MIAMI BEACH, FL 33181 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: SHAPIRO, HARRIET
Address: 10667 QUAYBIRDGE CT
City-St-Zip: MIAMI, FL 33138

Title: STD ( ) Delete
Name: SHAPIRO, SYDNEY
Address: 10667 QUABRIDGE CT
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete
Name: RIVERA, LUISA
Address: 13899 BISCAYNE BLVD STE 317
City-St-Zip: NORTH MIAMI, FL 33181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: RIVERA, LUISA
Address: 13899 BISCAYNE BLVD STE 127
City-St-Zip: NORTH MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRIET SHAPIRO PRES 03/05/2009

Electronic Signature of Signing Officer or Director Date