



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90036 010 ***150.00

DOCUMENT # P93000050077					
1. Entity Name SPECIALIZED PROPERTIES, INC., II					
Principal Place of Business 13899 BISCAYNE BLVD 317 MIAMI, FL 33181 US			Mailing Address 13899 BISCAYNE BLVD 317 MIAMI, FL 33181 US		
2. Principal Place of Business - No P.O. Box # 13899 BISCAYNE BLVD Suite, Apt. #, etc. <i>Suite 127</i>		3. Mailing Address 13899 BISCAYNE BLVD Suite, Apt. #, etc. <i>Suite 127</i>			
City & State N. MIAMI BCH., FL Zip <i>33181</i> Country <i>DADE</i>		City & State N. MIAMI BCH., FL Zip <i>33181</i> Country <i>DADE</i>		4. FEI Number 65-0428393	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHAPIRO, HARRIET 13899 BISCAYNE BLVD STE. 317 MIAMI, FL 33181			7. Name and Address of New Registered Agent 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAPIRO, HARRIET 10667 QUAYBRIDGE CT MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHAPIRO, HARRIET 10010 W BROADVIEW DR BAY HARBOR ISLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUISA RIVERA 13899 BISCAYNE BLVD.,STE 317 MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHAPIRO, JUDD L 3810 JUSTISON RD MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Harriet Shapiro</i>			Date <i>4/9/07</i> Daytime Phone # <i>305 940-6665</i>		