

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000050077

FILED
Mar 05, 2009
Secretary of State

Entity Name: SPECIALIZED PROPERTIES, INC., II

Current Principal Place of Business:

13899 BISCAYNE BLVD
SUITE 127
NORTH MIAMI BEACH, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

13899 BISCAYNE BLVD
SUITE 127
NORTH MIAMI BEACH, FL 33181 US

New Mailing Address:

FEI Number: 65-0428393 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: PD () Delete
Name: SHAPIRO, HARRIET
Address: 10667 QUAYBRIDGE CT
City-St-Zip: MIAMI, FL 33138

Title: STD () Delete
Name: SHAPIRO, HARRIET
Address: 10010 W BROADVIEW DR
City-St-Zip: BAY HARBOR ISLAND, FL

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

Title: STD () Delete
Name: SHAPIRO, JUDD L
Address: 3810 JUSTISON RD
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: SHAPIRO, SYDNEY
Address: 10667 QUAYBRIDGE CT
City-St-Zip: MIAMI, FL 33138

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

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

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