2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 16, 2006 8:00 am **Secretary of State** DOCUMENT # P94000017716 1. Entity Name 02-16-2006 90041 047 ***150.00 CF PROPERTIES CORP. Mailing Address Principal Place of Business 930 WASHINGTON AVENUE 4TH FLOOR 930 WASHINGTON AVENUE 4TH FLOOR MIAMI FL 33139-5084 MIAMI FL 33139-5084 2. Principal Place of Business 3. Mailing Address 6625 Miami Lakes Drive 6625 Miami Lakes Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Suite 316 Suite 316 Miami Lakes, Florida Miami Lakes, Florida Applied For 4. FEI Number 65-0486651 Not Applicable 33014-2705 \$8.75 Additional 33014-2705 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRIEDMAN, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 6625 Miami Lakes Drive 930 WASHINGTON AVENUE 4TH FLOOR Suite 316 MIAMI FL 33139-5084 Miami Lakes 33014-2705 8. The above named entity subprits 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. 2/2/06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TATLE Delete TITLE ☐ Addition FRIEDMAN, MICHAEL D NAME NAME 6625 Miami Lakes Drive, Suite 316 STREET ADDRESS STREET ADDRESS 930 WASHINGTON AVENUE CITY-ST-ZIP MIAMI FL 33139-5084 CITY-ST-ZIP Miami Lakes, Florida 33014-2705 TITLE ☐ Delete TITLE ☐ Addition FEDER, ERIC M NAME 6625 Miami Lakes Drive, Suite 316 STREET ADDRESS 930 WASHINGTON AVENUE STREET ADDRESS City-St-7IP MIAMI FL 33139-5084 CITY-ST-7IP Miami Lakes, Florida 33014-2705. TITLE TITLE _ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 trusted 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 additional statutes.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2/2/06

Date

(305) 777-0760

Daytime Phone #