


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P9500007412	
1. Entity Name INDUSTRIAL PROPERTY HOLDINGS, INC.	

Principal Place of Business 1450 MADRUGA AVENUE SUITE 400 CORAL GABLES, FL 33146 US	Mailing Address 1450 MADRUGA AVENUE SUITE 400 CORAL GABLES, FL 33146 US
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0559056	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANTEIRO, J.C. 80 S.W. 8TH STREET STE. 2120 MIAMI, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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, type or print name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTEIRO, J C 12500 RAMIRO ST. CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERGARA, CARLOS M 7128 SE RIVERS EDGE ROAD JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECIO, GRACIELLA 90 EDGEWATER DR, #307 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINDHORST, KENT A 13260 SW 105TH STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAUGHON, JOHN L 9756 SW 1ST STREET PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000163945
07/07/04-80025-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

6/30/04
Date

305-666-3639
Business Phone #