

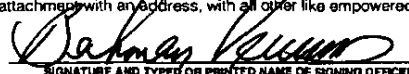


FILED
Apr 12, 2004 8:00 am
Secretary of State

03-29-2004 90060 036 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000015299			
1. Entity Name CYPRESS PLAZA PROPERTIES, INC.			
Principal Place of Business 824 S WATERMAN RD JACKSONVILLE, FL 32207	Mailing Address 824 S WATERMAN RD JACKSONVILLE, FL 32207		
DO NOT WRITE IN THIS SPACE			
		01142004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3324653	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
VENUS, BAHMAN 824 S WATERMAN RD JACKSONVILLE, FL 32207			
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VENUS, BAHMAN 824 S WATERMAN RD JACKSONVILLE, FL 32207		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KHOSRAVI, HERMOZ 3627 S UNIVERSITY BLVD JACKSONVILLE, FL 32216		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  BAHMAN VENUS		4-7-4 (904)3962261	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	