
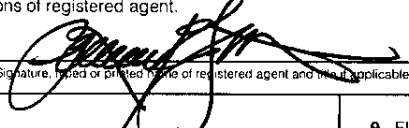
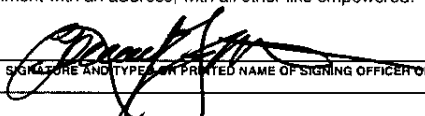


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90044 049 \*\*\*150.00

<b>DOCUMENT # P95000065950</b> 1. Entity Name <b>CARDINAL PROPERTIES, INC.</b>					
Principal Place of Business <b>800 BRICKELL AVE STE 201 MIAMI, FL 33131 US</b>			Mailing Address <b>800 BRICKELL AVE STE 201 MIAMI, FL 33131 US</b>		
2. Principal Place of Business <b>2665 South Bayshore Dr. Suite #, etc. Suite 601</b>		3. Mailing Address <b>2665 South Bayshore Dr. Suite, Apt. #, etc. Suite 601</b>			
City & State <b>Coconut Grove, FL</b>		City & State <b>Coconut Grove FL</b>		4. FEI Number <b>65-0615346</b>	
Zip <b>33133</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOLEY &amp; LARDNER P.A. 800 BRICKELL AVE STE 201 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Richard J. Razook</b> Street Address (P.O. Box Number is Not Acceptable) <b>Huntton &amp; Williams</b> <b>1111 Brickell Ave. Ste 2500</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>		
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:  DATE: <b>3/15/04</b> <small>Signature, typed or printed name of registered agent and if not applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BACARDI, FACUNDO L 800 BICKELL AVE STE 201 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bacardi, Facundo L. 2665 So. Bayshore Dr. Ste 601 Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CARBONELL, MARLENE 800 BRICKELL AVE STE 201 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Carbonell, Marlene 2665 So. Bayshore Dr. Ste 601 Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RAZOOK, RICHARD J 800 BRICKELL AVE STE 201 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Razook, Richard J 1111 Brickell Ave. Ste 2500 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		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: 			Date: <b>3/15/04</b> Daytime Phone #: <b>305-285-5588</b>		