

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000065950**

1. Entity Name  
**CARDINAL PROPERTIES, INC.**



Principal Place of Business  
**2665 SOUTH BAYSHORE DR., STE 601  
COCONUT GROVE, FL 33133 US**

Mailing Address  
**2665 SOUTH BAYSHORE DR., STE 601  
STE 201  
COCONUT GROVE, FL 33133 US**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0615346**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RAZOOK, RICHARD J  
1111 BRICKELL AVE., STE 2500  
MIAMI, FL 33131**

**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, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BACARDI, FACUNDO L  
STREET ADDRESS 2665 SOUTH BAYSHORE DR., STE 601  
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE VSD  
NAME CARBONELL, MARLENE  
STREET ADDRESS 2665 SOUTH BAYSHORE DR., STE 601  
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE VTD  
NAME RAZOOK, RICHARD J  
STREET ADDRESS 1111 BRICKELL AVE., STE 2500  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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01/24/05-80094-008 150.00

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

1/13/2005 305-285-5588  
Date Daytime Phone #