2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: _

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P96000006262 1. Entity Name 04-26-2004 90998 027 ***150 00 DOUBLE A INDUSTRIES PROPERTIES, INC. Principal Place of Business Mailing Address 5382 10TH AVE N LAKE WORTH FL 33463 5382 10TH AVE N LAKE WORTH FL 33463 44066974 2. Principal Place of Business 3. Mailing Address 1975 Sansbury's Way 1975 Sansbury's Way Suite, Apt. #, etc. MOORE CR2E034 (11/03) Suite 113 Suite:113 City & State 4. FEI Number Applied For City & State 65-0783946 West Palm Beach, FL West Palm Beach, FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33411 USA 33411 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANTALEO, FRANK Street Address (P.O. Box Number is Not Acceptable) 1655 Breakers West Boulevard 9437 SPANISH MOSS RD. LAKE WORTH FL 33467 Zip Code City West Palm Beach <u>33411</u> 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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. TITLE □ Delete TITLE D X Change ☐ Addition NAME PANTALEO, FRANCIS T NAME Pantaleo, Francis T 5382 10TH AVE N STREET ADDRESS STREET ADDRESS 1655 Breakers West Boulevard LAKE WORTH FL 33463 CITY-ST-7IP CITY-ST-78P West Palm Beach, FL 33411 TITLE ☐ Delete T/T/F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete __ Change -- - Addition . TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY - ST- 7/P 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 emportant 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 addres

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED