

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000049804

1. Entity Name
SEMINOLE PROPERTIES II, INC.



Principal Place of Business
6300 STIRLING ROAD
HOLLYWOOD, FL 33024

Mailing Address
6300 STIRLING ROAD
HOLLYWOOD, FL 33024

DO NOT WRITE IN THIS SPACE

**FILED
Jan 29, 2007 8:00 am
Secretary of State**

01-29-2007 90068 010 ***150.00



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0683887	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORSKY, ERIC ESQ.
7320 GRIFFIN ROAD, SUITE 220
DAVIE, FL 33314

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME CYPRESS, MITCHELL
STREET ADDRESS 6300 STIRLING ROAD
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE V
NAME OCEOLA, MOSES B
STREET ADDRESS 6300 STIRLING ROAD
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE ST
NAME OSCEOLA, MAX B JR
STREET ADDRESS 6300 STIRLING ROAD
CITY-ST-ZIP HOLLYWOOD, FL 33024

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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Mitchell Cypress
S. MITCHELL C. CYPRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07 954-966-6300

Date

Daytime Phone #