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Secretary of State

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000028346

1. Entity Name
SPECIALIZED CONDOMINIUM MANAGEMENT, INC.

Principal Place of Business	Mailing Address
12955 BISCAYNE BLVD SUITE 326 MIAMI, FL 33181 US	12955 BISCAYNE BLVD SUITE 326 MIAMI, FL 33181 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02192007 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0745363 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMAELING, RICHARD
2843 S. Bayshore Drive #6D
Miami, FL 33133

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHMAELING, RICHARD ~~18911 COLLINS AVE #507~~ ~~SUNNY ISLES BEACH, FL 33160~~	☐ Delete	D SCHMAELING RICHARD 2843 S. Bayshore Drive #6D Miami, FL 33133	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD OHALPIN, VIRGINIA ~~18911 COLLINS AVE #507~~ ~~SUNNY ISLES BEACH, FL 33160~~	☐ Delete	VSD OHALPIN VIRGINIA 2843 S. Bayshore Drive #6D Miami, FL 33133	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Richard Schmaeling 2/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #