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

Mar 17, 2004 8:00 am **Secretary of State DOCUMENT # P97000060881** 1. Entity Name 03-17-2004 90043 023 ***150.00 PREFERRED PROPERTIES, INC. Principal Place of Business Mailing Address 1700 S OCEAN BLVD SUITE 18A 1700 S OCEAN BLVD SUITE 18A LAUDERDALE BY SEA FL 33062 ozďútelo: LAUDERDALE BY SEA FL 33062 Mailing Address 4151 Gull MOORE CR2E034 (11/03) 4. FEI Number Applied For 65-0792382 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN ESS, CAROLINE 170Q S OCEAN BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 18A LAUDERDALE BY SEA FL 33062 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 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change VASNESS CAROLLE 4151 Gulf Shore Blod V. # 301 Naples Yl. 34163 Addition TITLE Delete TITLE VASN ESS, CAROLINE NAME NAME STREET ADDRESS 1700 S OCEAN BLVD #18A STREET ADDRESS LAUDERDALE BY SEA FL 33062 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete DIDE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP * TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED