


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90169 013 \*\*\*150.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # P97000072092</b><br>1. Entity Name<br><b>VOLTAIRE PROPERTIES, INC.</b>  |   |  |  |  |  |
| Principal Place of Business<br><b>1441 BRICKELL AVENUE<br/>SUITE 1014<br/>MIAMI, FL 33131</b>   |   |  | Mailing Address<br><b>1441 BRICKELL AVENUE<br/>SUITE 1014<br/>MIAMI, FL 33131</b>  |   |  |
| 2. Principal Place of Business<br><b>1441 BRICKELL AVE</b>  |   | 3. Mailing Address<br><b>1441 BRICKELL AVE</b>   |  |   |  |
| Suite, Apt. #, etc.<br><b>1400</b>  |   | Suite, Apt. #, etc.<br><b>1400</b>   |  |   |  |
| City & State<br><b>MIAMI, FL 33131</b>  |   | City & State<br><b>MIAMI, FL 33131</b>   |  |   |  |
| Zip<br><b>33131</b>   |   | Country<br><b>USA</b>  |  | 4. FEI Number<br><b>65-0794530</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ROBERT ALLEN LAW<br/>1441 BRICKELL AVENUE<br/>SUITE 1014<br/>MIAMI, FL 33131</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>ROBERT ALLEN LAW</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1441 BRICKELL AVE</b><br><b>SUITE 1400</b><br>City<br><b>MIAMI, FL 33131</b> <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>BAUSSAN, EDOUARD<br>1441 BRICKELL AVE, SUITE 1014<br>MIAMI, FL  | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PSD<br>Baussan, Edouard<br>1441 Brickell Ave Ste 1400<br>Miami FL 33131           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | S<br>BAUSSAN, EDOUARD<br>1441 BRICKELL AVE, SUITE 1014<br>MIAMI, FL   | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SS<br>Bonavita, Umberto<br>1441 Brickell Ave # 1400<br>Miami FL 33131             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SS<br>ALLEN ROBERT N<br>1441 BRICKELL AVENUE, SUITE 1014<br>MIAMI, FL | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 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. |   |  |  |   |  |
| <b>SIGNATURE:</b> _____ <i>Umberto Bonavita</i> <b>4/27/05 305-372-3300</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |  |   |  |