2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 03, 2005 8:00 am 5/1 **Secretary of State** DOCUMENT # P98000030875 . . . 05-10-2005 90116 014 ***150.00 FIRST FLORIDA LAND CO., INC. Principal Place of Business Mailing Address 6457 N FED HWY 6457 N. FEDERAL HWY. 00061100 2 FLOOR STE. A BOCA RATON, FL 33487 BOCA RATON, FL 33487 No Chg-P 05032005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0845381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REFGHI, MASOUD DO-NOT-WRITE 6457 N. FEDERAL HWY., STE. A BOCA RATON, FL 33487 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. Signesure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Added to Fees Trust Fund Contribution. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE NAME REFGHI, MASOUD 6457 N. FEDERAL HWY., STE. A STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 suppliemental 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. <u>_</u> " MASENS 30/05

FILED

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