2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 21, 2005 08:00 AM Secretary of State DOCUMENT # P98000064181 1. Entity Name DAVIE PROFESSIONAL BUILDING, INC. Principal Place of Business Mailing Address 4175 S.W. 64 AVE. 4179 DAVIE ROAD **DAVIE, FL 33314** STE 200 DAVIE, FL 33314 03142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0855211 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SANTINI, TERRY DO NOT WRITE 4179 DAVIE ROAD #200 **DAVIE, FL 33314** 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, Mond or printed name of registered agent and title if applicable (NOTE Pegistered Agent a gnature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME SANTINI, TERRY STREET ADDRESS 4179 DAVIE RD STE 200 DAVIE\, FL-33314 CITY-ST-ZIP TITLE PALERMO, JACQUELINE NAME STREET ADDRESS 10490 PARIS ST CITY-ST-ZIP COOPER CITY, FL 33026 TITLE BLUTH, NORMAN NAME STREET ADDRESS 4175 DAVIE RD DO NOT WRITE **DAVIE, FL 33314** CITY-ST-ZIP TITLE IN THIS SPACE NAME BLUTH, BARRY STREET ADDRESS 4175 DAVIE RD CITY-ST-ZIP **DAVIE, FL 33314** TITLE WITKOP, TERRY NAME STREET ADDRESS 4175 DAVIE RD CITY-ST-ZIP DAVIE, FL _33314

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7). 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 torstee 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 wi

SIGNATURE:

TITLE NAME. STREET ADDRESS CITY-ST-ZIP

Daytime Phone #