

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90061 041 ***150.00

DOCUMENT # P99000009710 1. Entity Name FORT LAUDERDALE PROPERTIES, INC.					
Principal Place of Business 1007 N FEDERAL HWY PMB 304 FORT LAUDERDALE, FL 33304-1422			Mailing Address 1007 N FEDERAL HWY PMB 304 FORT LAUDERDALE, FL 33304-1422		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0892533	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHERMAN, STUART 1412 NE 17 COURT FORT LAUDERDALE, FL 33305			7. Name and Address of New Registered Agent Name <u>Stuart Sherman</u> Street Address (P.O. Box Number is Not Acceptable) <u>1007 N. Federal Hwy</u> <u>PMB 304</u> City <u>Fort Lauderdale</u> FL Zip Code <u>33304</u>		
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 <u>Stuart Sherman</u> DATE <u>4/11/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 ☐ Delete SHERMAN, STUART 1007 N FEDERAL HWY, PMB 304 FORT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Delete SHERMAN, ELLEN 1007 N FEDERAL HWY, PMB 304 FORT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.					
SIGNATURE: <u>Stuart Sherman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/11/05</u> Daytime Phone # <u>954-523-6773</u>		