## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE

## Apr 21, 2005 8:00 am Secretary of State **DOCUMENT # P99000029947** 1. Entity Name 04-21-2005 90259 020 \*\*\*150.00 LAUREN TAYLOR PROPERTIES, INC. Principal Place of Business Mailing Address 1320 NW 65 PL 1320 NW 65 PL 50042027 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 Mailing Address 8080 /55 2. Principal Place of Business PL 8080 155PLN Suite, Apt. #, etc Suite, Apt. #, etc 03072005 Chg-P CR2E034 (10/03) Palm Buh PAIM BCh Gans, FI 4. FEI Number Applied For 65-0916429 Not Applicable \$8.75 Additional PAlm Bch 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent PACILLO, JOSEPH 1320 NW 65 PL FT. LAUDERDALE, FL 33309 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 familia the obligations of registered agent SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE PACILLO JOSEPH PACILLO, JOSEPH M. NAME NAME 2339 TREGSURE ISLE Dr #42 STREET ADDRESS 4932 NW 105 DR STREET ADDRESS PAIN BUN GARACIS, FI 33410 CORAL SPRINGS; FL 99076 CITY-ST-ZIP CITY-ST-7IP VΡ Delete Change ☐ Addition TITLE TITLE Arlene Pacillo NAME PACILLO, ARLENE J NAME 8080 155 PL N STREET ADDRESS 4932 NW 105 DR. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP Palm Bch gardens TITLE Deleta DTD F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 il changed, or on any attachmight with an address, with all other like empowered.

PED OR PRINTED HAME OF SIGNING OFFICER OR D

**FILED**