

500074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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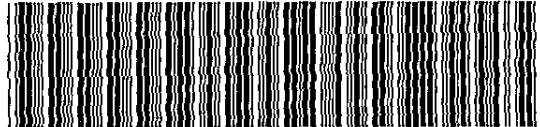
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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10/28

**LAW OFFICES OF
POSESS & WALSER, P.A.**

7015 BERACASA WAY, SUITE 201
(CORNER OF PALMETTO PARK & POWERLINE RDS.)
BOCA RATON, FLORIDA 33433
(561) 750-1040

Telecopier: (561) 750-0708

TAX & ESTATE PLANNING DEPARTMENT
THOMAS C. WALSER, LL.M-ESTATE PLANNING
CARYN J. CLAYMAN, LL.M-TAXATION

REAL ESTATE DEPARTMENT
CHARLES F. POSESS
DOUGLAS R. NEU
GISELE E. ASMAR
LORRI J. KOLBERT KLEIN
STEPHEN L. MACKEY
KATHERINE M. KILCULLEN
LISA STRAUSS

October 19, 2004

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Via Federal Express

**RE: PURPLE ISLAND PROPERTIES INC.
DOCUMENT NO. S00074**

Dear Sir or Madam:

Enclosed please find for filing the following documents for the above referenced corporation:

1. 2004 For Profit Corporation Amended Annual Report
2. Statement of Change of Registered Office or Registered Agent or
Both for Corporation
3. Officer/Director Resignation for a Corporation

At this time, I am requesting a Certificate of Status. Also enclosed is our check in the amount of \$140.00 to cover the filing fees for the above documents and for a Certificate of Status.

I am enclosing a self-addressed **Federal Express** envelope for your use in returning the Certificate of Status to this office.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Caryn J. Clayman

/cjc

Enclosures

cc: A. Cimaglia Sr. w/enc.

L. Cimaglia Jr. w/enc.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Purple Island Properties Inc.
(Name of corporation)

DOCUMENT NUMBER: S00074

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caryn J. Clayman, Esq.
(Name of contact person)

Posess and Walsér, PA
(Firm/Company)

7015 Beracasa Way #201
(Address)

Boca Raton, FL 33433
(City/state and zip code)

For further information concerning this matter, please call:

Caryn J. Clayman, Esq. at (561) 750-1040
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Purple Island Properties Inc.
2. The principal office address: 6362 Brava Way, Boca Raton, FL 33433
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/28/90 Document number: S00074
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Anthony E. Cimaglia Sr.

6362 Brava Way

Boca Raton, FL 33433

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Louis Cimaglia Jr.

3390-G SW 15th Street

(P.O. Box NOT acceptable)

Deerfield Beach, FL 33442

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Louis Cimaglia Jr.
(Signature of an officer or director)

Louis Cimaglia Jr., President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Louis Cimaglia Jr.
(Signature of Registered Agent)

10/18/04
(Date)

If signing on behalf of an entity:

Louis Cimaglia Jr.

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA