2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
04 OCT 20 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S00074

1. Entity Name
PURPLE ISLAND PROPERTIES, INC.

Principal Place of Business	Mailing Address
ANTHONY CIMAGLIA 6362 BRAVA WAY BOCA RATON, FL 33433 US	ANTHONY CAMGLIA 6362 BRAVA WAY BOCA RATON, FL 33433 US

2. Principal Place of Business	3. Mailing Address
3390-G SW 15TH St Suite, Apt. #, etc.	3390-G SW 15TH St Suite, Apt. #, etc.
City & State: Deerfield Beach, FL	City & State: Deerfield Beach, FL
Zip: 33442 Country: USA	Zip: 33442 Country: USA

10182004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0231980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CIMAGLIA, ANTHONY 6362 BRAVA WAY BOCA RATON, FL 33433	Name: Louis Cimaglia Jr. Street Address (P.O. Box Number is Not Acceptable): 3390-G SW 15TH St. City: Deerfield Beach FL Zip Code: 33442

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: Louis Cimaglia Jr. 10/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	P CAMAGLIA, ANTHONY 6362 BRAVA WAY BOCA RATON, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T/S/D Louis Cimaglia Jr. 1200 NW 87TH Ave #309 Coral Springs, FL 33071	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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	US 10/28	☐ 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: Louis Cimaglia Jr. 10/19/04 954-596-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #