2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State 04-19-2005 90399 047 ***150.00

1. Entity Nar	MENT # V12111 PROPERTIES, INC.				05 90399 047 ***15		
Principal Place of Business Mailing Address 1802 7TH AVE 1802 7TH AVE. TAMPA, FL 33605 U.			US		5003	39004	
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2. Principal Place of Business 3. Mailing Addi		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282005 Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number 65-0314707	Applied For Not Applicable		
Žip	Country	Zip	Country	5. Certificate of Status Desire	_ \$9.75 Add	itional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of Nev			
Name							
IAVARONE, CARMINE J. 1802 7TH AVE . TAMPA, FL 33605			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
7AMICA, 1 E 33003							
			City		FL Zip Cod	В	
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, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent algorature require	ad when reinstating)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO C			
TITLE N am e	D IAVARONE, CARMINE J.	☐ Delete	TITLE NAME		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1802 7TH AVE. TAMPA, FL 33605		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
NAME STREET ADDRESS			NAME Street Address	•			
CITY-ST-ZIP			CITY-ST-ZIP			İ	
TITLE		☐ Delete	TITLE NAME		☐ Change	☐ Addition	
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TITLE	, <u>-</u> .	☐ Delete	LILLE		☐ Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME Street Address			Ì	
CITY-ST-ZIP			CITY-ST-ZIP				
12 I hereby c	ertify that the information supplied with	this filing does not qualify for t	he exemption stated in S	ection 119.07(3)(i). Florida Statute	s. I further certify that the in	formation	

I nereby certify triat the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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 withan address, with all other like empowered.

SIGNATURE: