2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

| | | | | | Secretary of State | | | |
|---|---|-------------------------------------|---------------------------------|--|---------------------------------------|---------------------------------------|-------------------------|--|
| DOCUMENT # V25727 1. Entity Name BOCA RATON PROPERTY, INC. | | | | | | 111 033 ***150.0 | | |
| Principal Place of Business Mailing Address | | | | | | | | |
| 1475 W CYPRESS CREEK RD 1475 W. CYPRESS | | 1475 W. CYPRESS CREEK | (RD. | | | | | |
| STE 202 | | SUITE 202 | | | | | | |
| BOCA RATON, FL 33309 US | | FORT LAUDERDALE, FL 33309 US | | |) <u> </u> | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 04262005 Chg-P | CR2E034 (10/03) | <u>-</u> | |
| City & State | | City & State | | | 4. FEI Number 65-0405799 | | plied For Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired | S8.75 Add Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Re | gistered Agent | | |
| | ÷ | | Name_ | Name | | | | |
| CLIFFORD I. HERTZ, P.A. ONE NORTH CLEMATIS STREET | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SUITE 500 WEST PALM BEACH, FL 33401 | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | City | | | FL Zip Code | , | |
| 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 | | | | | | | | |
| FILE NOW!!! 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 | DIRECTORS | 11. | | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTORS | S IN 11 | |
| TITLE | PD | ☐ Delete | TITLE | Ī | | ☐ Change | ☐ Addition | |
| NAME | GOLDSTEIN, JAMES | | NAME | | | | | |
| STREET ADDRESS | 5882 NW 23 WAY | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | CITY-ST-ZIP | | | | | |
| TITLE | VPD | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME | SCHROEDER, ANDERS U | | NAME | Į | | | | |
| STREET ADDRESS | 22 HESTER RD | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | LONDON, EN | | CITY-ST-ZIP | 0 | | | | |
| TITLE | S COLDETEN KRISTING | Delete | TITLE | 3 | and MAGA | ☐ Change | Addition 🔀 | |
| NAME CYPET LOGGEOG | GOLDSTEIN, KRISTINE | | NAME | POK | ras mara 5 ш. Сургез Cree | E PAR SHO | 02. | |
| STREET ADDRESS CITY-ST-ZIP | 5882 NW 23 WAY BOCA RATON, FL 33496 | | . Street address City+St-Zip | 747 | 5 W. CAPICES CICLE | | معرب | |
| | | | | FOR | ET LAUDERDALE, FL | | | |
| TITLE NAME | VT BAND, ROBERT | ☐ Delete | TITLE NAME | 1 | | Change | Addition | |
| STREET ADDRESS | 1475 W. CYPRESS CREEK ROA | D SUITE 202 | STREET ADDRESS | ĺ | | | | |
| | | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | <u> </u> | | ☐ Change | Addition | |
| NAME | | CT Denote | NAME | | | cvarigo | LT Modifien | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | 1 | | ☐ Change | Addition | |
| NAME | | and Golden | NAME | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | 1 | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| 40 15 | and the street day of the second street and second street | this filling does not qualify for t | be avamatica ata | tad in Ca | ection 119 07/3Vi) Florida Statutos I | further earlify that the in | dormeti | |

I hereby certify that the information supplied with this filling 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

GNATURE:

| Signature AND TYPED OB FRUTTED NAME OF SIGNING OFFICER OR DIRECTOR | Degiting Phone #

SIGNATURE: