

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90357 021 \*\*\*150.00

**DOCUMENT # 564828**

1. Entity Name

**SECTION 11 PROPERTY CORP.**



Principal Place of Business

9700 SO. DIXIE HWY., #570  
 MIAMI FL 33156

Mailing Address

9700 SO. DIXIE HWY., #570  
 MIAMI FL 33156

2. Principal Place of Business

490 NW South River Dr  
 Suite, Apt. #, etc.

3. Mailing Address

490 NW South River Dr  
 Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0235000

Applied For

Not Applicable

Zip

33128

Country

Dade

Zip

33128

Country

Dade

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLONNA, DAVID W  
 9700 S DIXIE HWY  
 #570  
 MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: COLONNA, DAVID, W  
 Street Address (P.O. Box Number is Not Acceptable): 490 NW SOUTH RIVER DR  
 City: MIAMI, FL Zip Code: 33128

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

*David W. Colonna*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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	AS OBREGON, ODALYS 9700 SO. DIXIE HWY., #570 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COLONNA, DAVID W. 9700 SO. DIXIE HWY., #570 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACY, PATRICIA 9700 S. DIXIE HWY STE. 570 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COFFEY, SUSAN 9700 S DIXIE HWY #570 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OBREGON, ODALYS 490 NW SOUTH RIVER DR MIAMI, FL. 33128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLONNA, DAVID W 490 NW SOUTH RIVER DR MIAMI, FL. 33128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MACY, PATRICIA 490 NW SOUTH RIVER DR MIAMI, FL. 33128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COFFEY, SUSAN 490 NW SOUTH RIVER DR MIAMI, FL. 33128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David W. Colonna, Pres. David W. Colonna* Date: *4/27/04* Daytime Phone #: *305-545-6004*