

2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 564828



1. Entity Name
 SECTION 11 PROPERTY CORP.

Principal Place of Business
 490 NW SOUTH RIVER DR
 MIAMI, FL 33128

Mailing Address
 490 NW SOUTH RIVER DR
 MIAMI, FL 33128



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0235000	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COFFEY, SUSAN
 498 NORTHWEST SOUTH RIVER DRIVE
 MIAMI, FL 33128

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	OBREGON, ODALYS
STREET ADDRESS	490 NW SOUTH RIVER DR
CITY-ST-ZIP	MIAMI, FL 33121
TITLE	VPCD
NAME	PAHULES, MARY B
STREET ADDRESS	490 NORTHWEST SOUTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	PTCD
NAME	COFFEY, SUSAN
STREET ADDRESS	490 NORTHWEST SOUTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/18/07-80057-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Odaly Obregon, AS 4-25-07 315-670-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #