


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 572226
 1. Entity Name
M.S.L. PROPERTY MANAGEMENT, INC.



Principal Place of Business 5401 UNIVERSITY DR SUITE 103 CORAL SPRINGS, FL 33067	Mailing Address 5401 UNIVERSITY DR SUITE 103 CORAL SPRINGS, FL 33067
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2265340	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
 100 SOUTHEAST SECOND STREET
 SUITE 3500
 MIAMI, FL 33131

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIEBOWITZ, MURRAY 5401 UNIVERSITY DR SUITE 103 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIEBOWITZ, SHELDON 5401 UNIVERSITY DR SUITE 103 CORAL SPRINGS, FL 33067
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____