


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90120 003 ***150.00

DOCUMENT # J76902

1. Entity Name
PANTHER PROPERTIES, INC.



Principal Place of Business Mailing Address

1380 NE MIAMI GARDENS DR
 #220
 NORTH MIAMI BEACH FL 33179
 US

1835 NE MIAMI GARDENS DRIVE
 #144
 NORTH MIAMI BEACH FL 33179
 US

2. Principal Place of Business 3. Mailing Address

16711 Collins Ave *16711 Collins Ave*

Suite, Apt. #, etc. Suite, Apt. #, etc.

1007 *# 1007*

City & State City & State

Sunny Isles, Florida *Sunny Isles, Florida*

Zip Country Zip Country

33160 *US* *33160* *US*



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For

59-2162430 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRAYND, PAUL
 1380 NE MIAMI GARDENS DR.
 #220
 NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name *FRAYND, PAUL*

Street Address (Box Number is Not Acceptable)
16711 Collins Ave # 1007

City *Sunny Isles* FL Zip Code *33160*

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 *[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, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGELMAN, ASHERI 1380 NE MIAMI GARDENS DR #220 NORTH MIAMI BEACH FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FRAYND, PAUL 1380 NE MIAMI GARDENS DR #220 NORTH MIAMI BEACH FL 33179 <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	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Engelman, Asheri <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1: 16711 Collins Ave #1007 2: Sunny Isles FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FRAYND, PAUL <input type="checkbox"/> Change <input type="checkbox"/> Addition 1: 16711 Collins Ave #1007 2: Sunny ISLE FL 33160
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
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: *[Signature]* Date *4-4-2005* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR