


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01314**

1. Entity Name  
 PROPERTY TRANSACTIONS OF FLORIDA, INC.



Principal Place of Business      Mailing Address

110 NE 62ND STREET      110 NE 62ND STREET  
 MIAMI, FL 33138      MIAMI, FL 33138

**DO NOT WRITE IN THIS SPACE**



04242005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2479464      Not Applicable

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

6. Name and Address of Current Registered Agent

SWINK, WILLIAM J., JR.  
 2915 SW 13TH STREET  
 MIAMI, FL 33145

**DO NOT WRITE IN THIS SPACE**

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)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

*APRIL 24, 2005*

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BONY, ANDRE M.
STREET ADDRESS	17140 NW 42ND ST.
CITY-ST-ZIP	CAROL CITY, FL 33055
TITLE	T
NAME	ST FLEUR, SYLVAIN
STREET ADDRESS	853 NE 80TH STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	S
NAME	MACGUFFIE, EVELYN
STREET ADDRESS	74 NE 174TH DR
CITY-ST-ZIP	N MIAMI BCH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000336627  
 04/27/05-80132-021 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: ANDRE M. BONY Andre M. Bony      4/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #