


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # M01314
 1. Entity Name
 PROPERTY TRANSACTIONS OF FLORIDA, INC.



Principal Place of Business
 17140 NW 42ND CT
 MIAMI- GARDENS, FL 33055

Mailing Address
 PO BOX 2047
 18690 NW 37TH AVE
 CAROL CITY, FL 33055

DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-2479464

Applied For
 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

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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, 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	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	

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 04/22/08-80093-023 158.75

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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: *Andre M. Bony* **ANDRE M. BONY** *04/07/08* *(786) 223-4226*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 17140 NW 42nd COURT
 MIAMI GARDENS, FL 33055