


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90404 037 ***150.00

DOCUMENT # P01000051431

1. Entity Name
PANTHER REALTY SERVICES, INC.



Principal Place of Business Mailing Address

155 SOUTH MIAMI AVE., 11TH FLOOR **155 SOUTH MIAMI AVE., 11TH FLOOR**
SUITE PH-2A **SUITE PH-2A**
MIAMI, FL 33130 **MIAMI, FL 33130**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

333 South Miami Avenue **333 South Miami Avenue**

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

Suite 150 **Suite 150**

City & State City & State

Miami, FL **Miami, FL**

Zip Zip

33130 **33130**

Country Country

USA **USA**

40088288



03092007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-1108717 Not Applicable

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

6. Name and Address of Current Registered Agent

SIRLIN, DANIEL
155 SOUTH MIAMI AVE
PH2A
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name: **Sirlin, Daniel**

Street Address (P.O. Box Number is Not Acceptable):
333 S. Miami Avenue

Suite 150

City: **Miami** State: **FL** Zip Code: **33130**

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD SIRLIN, DANIEL <input checked="" type="checkbox"/> Delete 155 S. MIAMI AVE. PH-2A MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARLEY, JACK <input type="checkbox"/> Delete 360 WEST INDIANTOWN ROAD JUPITER, FL
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	PTD Sirlin, Daniel <input type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Miami Avenue Ste. 150 Suite 150 Miami, FL 33130 <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
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 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:  Date: 4-21-07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR