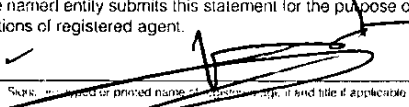
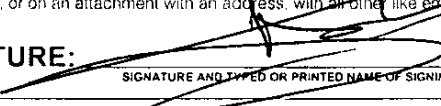


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90158 035 ***150.00

DOCUMENT # P02000132135					
1. Entity Name DESA PROPERTY HOLDINGS CORPORATION					
Principal Place of Business 1200 BRICKELL AVENUE SUITE 1440 MIAMI, FL 33131			Mailing Address 300 SEVILLA AVE 201 CORAL GABLES, FL 33134		
2. Principal Place of Business 16850-112 Collins Ave Suite, Apt. #, etc. Box 136		3. Mailing Address 16850-112 Collins Ave Suite Apt. #, etc. Box 136			
City & State Sunny Isle Beach, FL Zip 33160		City & State Sunny Isle Beach, FL Zip 33160		4. FEI Number 20-1565945	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE SALVADOR, MELQUISEDEC 1200 BRICKELL AVENUE SUITE 1440 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name DE SALVADOR MELQUISEDEC Street Address (P.O. Box Number is Not Acceptable) 16850-112 Collins Ave Box 136 City Sunny Isle Beach 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:  4-27-06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVD NAME DE SALVADOR, MELQUISEDEC STREET ADDRESS 1200 BRICKELL AVE #1440 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE DVO NAME DE SALVADOR MELQUISEDEC STREET ADDRESS 16850-112 Collins Ave. CITY-ST-ZIP Sunny Isle Beach, FL. 33160	☒ Change ☐ Addition	
TITLE STD NAME DE SALVADOR, GLORIA STREET ADDRESS 1200 BRICKELL AVE #1440 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE STD NAME DE SALVADOR, GLORIA STREET ADDRESS 16850-112 Collins Ave. CITY-ST-ZIP Sunny Isle Beach, FL 33160	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ 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: 			4-27-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		