

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P93000006063

1. Entity Name
NATHAN PROPERTIES, INC.



Principal Place of Business
2300 GLADES RD
STE 360 W
BOCA RATON, FL 33431 US

Mailing Address
2300 GLADES RD
STE 360 W
BOCA RATON, FL 33431 US



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0388442	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHREIBER, BRUCE
2300 GLADES RD STE 360W
BOCA RATON, FL 33431

**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 _____ 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 \$350.00**

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

U00000703073
04/20/07-80124-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHREIBER, BRUCE 2300 GLADES RD 360W BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHREIBER, LOUIS 2300 GLADES RD 360W BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCKREIBER, SYDNEY 2300 GLADES RD 360W BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Bruce Schreiber Date: 4/10/07 Daytime Phone #: 561-353-1900