


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000097884**

1. Entity Name  
**PANTHER 441, INC.**



Principal Place of Business: **4700 N STATE ROAD 7 SUITE 106 FT. LAUDERDALE, FL 33319**

Mailing Address: **155 S MIAMI AVE SUITE PH-2A MIAMI, FL 33130 US**



**DO NOT WRITE IN THIS SPACE**

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number: **65-0721091** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent

**PANTHER REALTY ADVISORS INC.  
 155 S MIAMI AVE  
 SUITE PH-2A  
 MIAMI, FL 33130**

**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

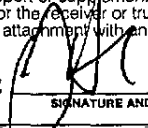
U00000344752  
 04/30/05-80008-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRINSKY, JEFF
STREET ADDRESS	155 S MIAMI AVENUE, SUITE PH-2A
CITY - ST - ZIP	MIAMI, FL 33130
TITLE	VD
NAME	SIRLIN, DANIEL
STREET ADDRESS	155 S MIAMI AVENUE, SUITE PH-2A
CITY - ST - ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(f), 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:  **Jeff Krinsky** 4-26-05 305-314-5455

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