


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-30-2007 90404 039 \*\*\*150.00

**DOCUMENT # P96000097884**

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




Principal Place of Business <b>155 S MIAMI AVE          SUITE PH-2A          MIAMI, FL 33130</b>	Mailing Address <b>155 S MIAMI AVE          SUITE PH-2A          MIAMI, FL 33130 US</b>
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2. Principal Place of Business - No P.O. Box # <b>333 S. Miami Avenue</b>	3. Mailing Address <b>333 S. Miami Avenue</b>
Suite, Apt. #, etc. <b>Suite 150</b>	Suite, Apt. #, etc. <b>Suite 150</b>

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
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Zip <b>33130</b>	Country <b>USA</b>	Zip <b>33130</b>	Country <b>USA</b>
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04232007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**Panther Realty Advisors, Inc.**

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

Suite 150

City  
**Miami** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	PD KRINSKY, JEFF 155 S MIAMI AVENUE, SUITE PH-2A MIAMI, FL 33130 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIRLIN, DANIEL 155 S MIAMI AVENUE, SUITE PH-2A MIAMI, FL 33130 <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
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	PD Krinsky, Jeff 333 S. Miami Ave., Ste. 150 Miami, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sirlin, Daniel 333 S. Miami Ave., Ste. 150 Miami, FL 33130 <input checked="" 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:  **J. Krinsky** Date: **4-20-07** Daytime Phone # \_\_\_\_\_