


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90005 019 ***150.00

DOCUMENT # P97000046114

1. Entity Name
 CYPRESS PANTHER, INC.



Principal Place of Business Mailing Address

155 S MIAMI AVE 155 S MIAMI AVE
 STE PH-2A STE PH-2A
 MIAMI, FL 33130 US MIAMI, FL 33130 US

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

333 S. Miami Avenue 333 S. Miami Avenue

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

Suite 150 Suite 150


City & State City & State

Miami, Florida Miami, Florida

Zip Country Zip Country

33130 USA 33130 USA

40094282



03132007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-0757576 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
 STE 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 _____ 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	D	<input checked="" type="checkbox"/> Delete
NAME	SIRLIN, DANIEL	
STREET ADDRESS	155 S. MIAMI AVE -STE PH-2A	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRINSKY, JEFF	
STREET ADDRESS	155 S. MIAMI AVE -STE PH-2A	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sirlin, Daniel	
STREET ADDRESS	333 S. Miami Avenue, Ste. 150	
CITY-ST-ZIP	Miami, FL 33130	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krinsky, Jeff	
STREET ADDRESS	333 S. Miami Avenue, Ste. 150	
CITY-ST-ZIP	Miami, FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: 4-22-07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR