


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000080363**

1. Entity Name  
PANTHER REAL ESTATE PARTNERS, INC.



Principal Place of Business 155 S MIAMI AVE PH-2A MIAMI, FL 33130 US	Mailing Address 155 S MIAMI AVE PH-2A MIAMI, FL 33130 US
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0785115	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

SEGAL, JONATHAN W ESQ.  
25 SOUTHEAST 2ND AVE.  
SUITE 730  
MIAMI, FL 33131

**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, 2004 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	D SIRLIN, DANIEL 155 S MIAMI AVE PH-2A MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRINSKY, JEFF 155 S. MIAMI AVENUE MIAMI, FL 33130
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04/29/04-80191-002 150.00

**DO NOT WRITE  
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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)(i), 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:  v.p.  Date \_\_\_\_\_ Day/ mo Phone # \_\_\_\_\_