


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90299 042 ***150.00

DOCUMENT # P97000080363

1. Entity Name
PANTHER REAL ESTATE PARTNERS, INC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



04192005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Daniel Sirlin**
 Street Address (P.O. Box Number is Not Acceptable)
155 South Miami Ave PH2A
 City **Miami** State **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  **Daniel Sirlin** **4-20-05**
Signature of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	SIRLIN, DANIEL
STREET ADDRESS	155 S MIAMI AVE PH-2A
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D <input type="checkbox"/> Delete
NAME	KRINSKY, JEFF
STREET ADDRESS	155 S. MIAMI AVENUE
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	<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	
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 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:  **Jeff Krinsky** **4/16/05** **305-374-5455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #