


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90404 035 ***150.00

DOCUMENT # P97000080363
 1. Entity Name
PANTHER REAL ESTATE PARTNERS, INC.




Principal Place of Business Mailing Address
155 S MIAMI AVE **155 S MIAMI AVE**
PH-2A **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, FL **Miami, FL**
 Zip Country Zip Country
33130 **USA** **33130** **USA**

40000000



03092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
SIRLIN, DANIEL
155 SOUTH MIAMI AVE PH 2A
MIAMI, FL 33130

4. FEI Number Applied For
65-0785115 Not Applicable

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

7. Name and Address of New Registered Agent
 Name **Sirlin, Daniel**
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIRLIN, DANIEL 155 S MIAMI AVE PH-2A MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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	D KRINSKY, JEFF 155 S MIAMI AVE PH 2-A MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: _____ Date **4-27-07** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR