

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90005 048 \*\*\*158.75

**DOCUMENT # P97000107197**

1. Entity Name

FRESH START PROPERTIES, INC.



Principal Place of Business

P.O. BOX 600506  
NORTH MIAMI BEACH, FL 33160

Mailing Address

P.O. BOX 600506  
NORTH MIAMI BEACH, FL 33160

**DO NOT WRITE IN THIS SPACE**



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0808657

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDEN GREEN, LORRAINE  
15300 NE 14TH CT  
NORTH MIAMI BEACH, FL 33162

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRYANT, JULIA M
STREET ADDRESS	15300 NE 14TH COURT
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	VSTD
NAME	GOLDEN GREEN, LORRAINE
STREET ADDRESS	15300 NE 14TH COURT
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORRAINE GOLDEN  
GREEN

2/07/2006 305-793-2889  
Date Daytime Phone #