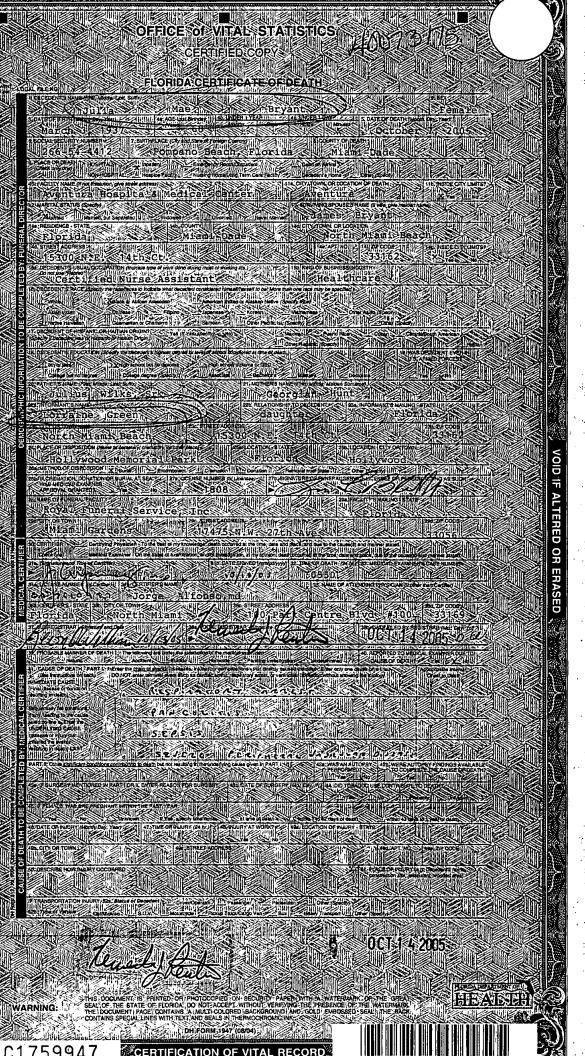
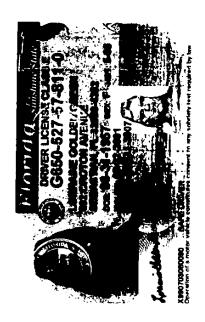
## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 20, 2007 8:00 am Secretary of State **DOCUMENT # P97000107197** 04-20-2007 90093 026 \*\*\*158.75 FRESH START PROPERTIES, INC. Principal Place of Business Mailing Address P.O. BOX 600506 P.O. BOX 600506 NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0808657 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GOLDEN GREEN, LORRAINE** Street Address (P.O. Box Number is Not Acceptable) 5 0 2 CROTON AVENUE -15300 NE 14TH CT NORTH MIAMI BEACH: FL 33162 CO BASTIAN 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 egistered agent. SIGNATURE signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Delete TITLE TITLE Change ☐ Addition NAME BRYANT, JULIA M NAME Died 15300 NE 14TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 CITY-ST-ZIP VSTD PD TIT! F Delete PD Change Addition TITLE Golden Green, Lorraine 502 CROTONA VE GOLDEN GREEN, LORRAINE NAME NAME 502 CROTON AVE STREET ADDRESS 15300 NE 14TH COURT~ STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 39162 SEBASTIAN FL CITY-ST-ZIP 32958 SEBASTIAN FLORIDA Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 redever 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 if 305-7**9**3-2889 SIGNATURE: FICER OR DIRECTOR Devizne Phone #

**FILED** 



## ATTACHMENT 40073175 #P97000107197



ATTACHMENT Near Division of Corporations, I have enclosed a copy of my mother Julia Beyant, Pd death Certificate for group and ID with my name Lorrane Green on years as informants. My lequest is to please delete her name of the Corporation Renew as each year @ Thank you orrane G. Gells