

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000004291**

1. Entity Name  
**PROPEL, INC.**



Principal Place of Business  
**499 E. PALMETTO PARK RD., STE. 208  
BOCA RATON, FL 33432**

Mailing Address  
**499 E. PALMETTO PARK RD., STE. 208  
BOCA RATON, FL 33432**



03212007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**ROENFELDT, ESQ., STUART A  
499 E. PALMETTO PARK RD., STE. 208  
BOCA RATON, FL 33432**

**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	PD TRINKA, ROXANNA 499 E. PALMETTO PARK ROAD, SUITE 208 BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATMASIAN, JIM 499 E. PALMETTO PARK ROAD, SUITE 208 BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATMASIAN, MARTA 499 E. PALMETTO PARK ROAD, SUITE 208 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AIELLO, MICHAEL 499 E. PALMETTO PARK ROAD, SUITE 208 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

U000000724529  
05/02/07-80115-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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 617, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*12 Apr 07* 561-239-8348