


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90036 021 ***158.75

DOCUMENT # 572226 1. Entity Name M.S.L. PROPERTY MANAGEMENT, INC.			
Principal Place of Business 2600 E. COMMERCIAL BLVD. SUITE 200 FT. LAUDERDALE, FL 33308		Mailing Address 2600 E. COMMERCIAL BLVD. SUITE 200 FT. LAUDERDALE, FL 33308	
2. Principal Place of Business 5401 University Drive Suite, Apt. #, etc. 103		3. Mailing Address 5401 University Drive Suite, Apt. #, etc. 103	
City & State Coral SP FL		City & State Coral SP FL	
Zip 33067 Country BRAZIL		Zip 33067 Country BRAZIL	
4. FEI Number 22-2265340		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND STREET SUITE 3500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P LIEBOWITZ, MURRAY 7070 SIENA CT BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 5401 University Drive suite 103 Coral SP FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIEBOWITZ, SHELDON 2911 NE 47TH ST LIGHTHOUSE POINT, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 5401 University Drive suite 103 Coral SP FL 33067
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____		Daytime Phone # _____	