

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90414 001 ***150.00

DOCUMENT # 698772
 1. Entity Name
 SOUTH MIAMI PROPERTIES, INC.



Principal Place of Business
~~10143 NW 66TH CT~~ **1540 LANCEWOOD**
~~MIAMI, FL 33015 US~~ **PALM CITY, FL 34990**

Mailing Address
40 SOUTH MIAMI PROPERTIES
P.O. Box 2568
~~MIAMI, FL 33017-1383 US~~ **PROVIDENCE, RI 029071850**

DO NOT WRITE IN THIS SPACE



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-2214292 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION, FL 33327

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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

TITLE	PTD
NAME	SEILER, SEYMOUR A.
STREET ADDRESS	1504 S E LANCEWOOD TERRACE
CITY - ST - ZIP	PALM CITY, FL 34099 34990
TITLE	SD
NAME	SEILER, DOLORES J.
STREET ADDRESS	1504 SE LANCEWOOD TERRACE
CITY - ST - ZIP	PALM CITY, FL 34099 34990
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: *Seymour A. Seiler* **4-19-07** **772-343-9797**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #