2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F56410

1. Entity Name
P.R. PROPERTIES, INC. OF BROWARD COUNTY

Principal Place of Business	Mailing Address
660 NORTH OCEAN BLVD. DEERFIELD BEACH, FL 33441	660 NORTH OCEAN BLVD. DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

01182008 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
59-2177380	Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, JOHN J. JR.
1200 N. FEDERAL HIGHWAY
BOCA RATON, FL 33432

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

03/26/08-80036-021 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	ZAMOJSKI, WALTER
STREET ADDRESS	660 NORTH OCEAN BLVD.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

TITLE	SD
NAME	ZAMOJSKI, JUNE
STREET ADDRESS	660 NORTH OCEAN BLVD.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Walter Zamojski* PRES. MAR. 5/08 954 427 1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #