2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State
01-22-2007 90106 050 ***150.00

DOCUMENT # G99852

1. Entity Name
THE PROP BOX, INC.

Principal Place of Business	Mailing Address
12029 SW 117TH COURT MIAMI, FL 33186	1130 PLACETAS CORAL GABLES, FL 33146 US

01192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2397774 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUANCI, SUZANNE S.
1130 PLACETAS AVENUE
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name GUANCI, Charles P.
Street Address (P.O. Box Number is Not Acceptable) 1130 Placetas Avenue
City Coral Gables, FL 33146 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 Vice President 1/19/2007
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GUANCI, SUZANNE S. 1130 PLACETAS AVENUE CORAL GABLES, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUANCI, CHARLES P. 1130 PLACETAS AVE ~~CORAL~~ GABLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Charles P. Guanci, Jr. 11213 SW 111 Street Miami, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Vice President 1/19/2007 305667-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OFFICE of VITAL STATISTICS ATTACHMENT

CERTIFIED COPY

40004675

#G99852

018449

LOCAL FILE NO.

FLORIDA CERTIFICATE OF DEATH

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Suzanne S. Guanci
2. SEX: Female
3. DATE OF BIRTH (Month, Day, Year): October 01, 1942
4a. AGE-Last Birthday (Years): 64
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF DEATH (Month, Day, Year): December 28, 2006
6. SOCIAL SECURITY NUMBER: 261-66-3848
7. BIRTHPLACE (City and State or Foreign Country): Miami, Florida
8. COUNTY OF DEATH: Miami-Dade
9. PLACE OF DEATH (Check only one): HOSPITAL: ___ Inpatient ___ Emergency Room/Outpatient ___ Dead on Arrival; NON-HOSPITAL: ___ Hospice facility ___ Nursing Home/Long Term Care Facility X Decedent's Home ___ Other (Specify)
10. FACILITY NAME (If not institution, give street address): 1130 Placetas Avenue
11a. CITY, TOWN, OR LOCATION OF DEATH: Coral Gables
11b. INSIDE CITY LIMITS? X Yes ___ No
12. MARITAL STATUS (Specify): X Married ___ Married, but Separated ___ Widowed ___ Divorced ___ Never Married
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name): Charlie Guanci
14a. RESIDENCE - STATE: Florida
14b. COUNTY: Miami-Dade
14c. CITY, TOWN, OR LOCATION: Coral Gables
14d. STREET ADDRESS: 1130 Placetas Avenue
14e. APT. NO.:
14f. ZIP CODE: 33146
14g. INSIDE CITY LIMITS? X Yes ___ No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired": Homemaker
15b. KIND OF BUSINESS/INDUSTRY: At Home
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.): X White ___ Black or African American ___ American Indian or Alaskan Native (Specify tribe) ___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian (Specify) ___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Isl. (Specify) ___ Other (Specify)
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.): ___ Yes (If Yes, specify) X No ___ Mexican ___ Puerto Rican ___ Cuban ___ Central/South American ___ Other Hispanic (Specify) ___ Haitian
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.): ___ 8th or less ___ High school but no diploma ___ High school diploma or GED ___ College but no degree College degree (Specify): ___ Associate X Bachelor's ___ Master's ___ Doctorate
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ___ Yes X No
20. FATHER'S NAME (First, Middle, Last, Suffix): James Sottile Jr.
21. MOTHER'S NAME (First, Middle, Maiden Surname): Ethel Hooks
22a. INFORMANT'S NAME: Charlie Guanci
22b. RELATIONSHIP TO DECEDENT: Husband
23a. INFORMANT'S MAILING - STATE: Florida
23b. CITY OR TOWN: Coral Gables
23c. STREET ADDRESS: 1130 Placentas Avenue
23d. ZIP CODE: 33146
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Park South
25a. LOCATION - STATE: Florida
25b. LOCATION - CITY OR TOWN: Miami
26a. METHOD OF DISPOSITION: X Burial ___ Entombment ___ Cremation ___ Donation ___ Removal from State ___ Other (Specify)
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? ___ Yes ___ No
27a. LICENSE NUMBER (of Licensee): 2392
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
28. NAME OF FUNERAL FACILITY: Caballero Rivero Woodlawn FH Kendall Chapel
29a. FACILITY'S MAILING - STATE: Florida
29b. CITY OR TOWN: Miami
29c. STREET ADDRESS: 11655 SW 117th Avenue
29d. ZIP CODE: 33186

MEDICAL CERTIFIER

30. CERTIFIER (Check one): ✓ Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. ___ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.
31a. (Signature and Title of Certifier): [signature]
31b. DATE SIGNED (mm/dd/yyyy): 1-2-07
32. TIME OF DEATH (24 hr.): 0145
33. MEDICAL EXAMINER'S CASE NUMBER:
34a. LICENSE NUMBER (of Certifier): ME 33974
34b. CERTIFIER'S NAME: BENJAMIN VILLALBA M.D.
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier):
36a. CERTIFIER'S - STATE: Florida
36b. CITY OR TOWN: Miami
36c. STREET ADDRESS: 9415 SW 72 Street #111
36d. ZIP CODE: 33173
37. SUBREGISTRAR - Signature and Date: [signature] 1-4-07
38a. LOCAL REGISTRAR - Signature: [signature]
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): JAN 04 2007

CAUSE OF DEATH TO BE COMPLETED BY: MEDICAL CERTIFIER

39. PROBABLE MANNER OF DEATH: X Natural. The following are under the jurisdiction of the medical examiner: ___ Accident ___ Suicide ___ Homicide ___ Pending Investigation ___ Undetermined
40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? ___ Yes X No
41. CAUSE OF DEATH - PART I. (See instructions on back) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PULMONARY FIBROSIS

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b.

Due to (or as a consequence of):

c.

Due to (or as a consequence of):

d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
42a. WAS AN AUTOPSY PERFORMED? ___ Yes X No
42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ___ Yes ___ No
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY
43b. DATE OF SURGERY (Mo., Day, Yr.)
44. DID TOBACCO USE CONTRIBUTE TO DEATH? ___ Yes ___ No ___ Probably ___ Unknown
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR: ___ Yes X No ___ Unknown If Yes, specify timeframe: ___ at time of death ___ within 1 to 42 days of death ___ within 43 days to 1 year of death
46. DATE OF INJURY (Month, Day, Year)
47. TIME OF INJURY (24 hr.)
48. INJURY AT WORK? ___ Yes ___ No
49a. LOCATION OF INJURY - STATE
49b. CITY OR TOWN
49c. STREET ADDRESS
49d. APT. NO.
49e. ZIP CODE
50. DESCRIBE HOW INJURY OCCURRED
51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
52. IF TRANSPORTATION INJURY, 52a. Status of Decedent: ___ Driver/Operator ___ Passenger ___ Pedestrian ___ Other (Specify)
52b. Type of Vehicle: ___ Car/Minivan ___ S.U.V. ___ Motorcycle ___ Pickup Truck/Cargo Van ___ Bus ___ Heavy Transport ___ Other (Specify)

DH Form 512, JUL 2004 (Obsoletes previous editions which may not be used) State of Florida, Department of Health, Vital Statistics

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

[signature]

JAN 12 2007

GREAT SEAL OF THE STATE OF FLORIDA · IN GOD WE TRUST

FLORIDA DEPARTMENT OF HEALTH

DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD