

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90060 016 \*\*\*150.00

**DOCUMENT # J51111**

1. Entity Name  
**ONISA PROPERTIES, INC.**



Principal Place of Business  
**515 N FLAGLER DR STE 300D  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**P.O. BOX 4297  
WEST PALM BEACH, FL 33402 US**

**40029611**



2. Principal Place of Business - No P.O. Box #

**223 Sunset Avenue**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 230**

City & State  
**Palm Beach, FL**

Zip  
**33480**

Country

Zip

Country

01102007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2776143**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHOPIN, L. FRANK ESQ.  
515 N FLAGLER DR STE 300D  
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**223 Sunset Avenue**

**Suite 230**

City  
**Palm Beach,**

**FL**

Zip Code  
**33480**

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

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSD  
CHOPIN, L. FRANK  
515 N FLAGLER DR STE 300D  
WEST PALM BEACH, FL 33401**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

**223 Sunset Avenue, Suite 230  
Palm Beach, FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/1/07 561-655-9380**