

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90120 003 \*\*\*150.00

**DOCUMENT # J76902**

1. Entity Name

PANTHER PROPERTIES, INC.



Principal Place of Business

1380 NE MIAMI GARDENS DR  
#220  
NORTH MIAMI BEACH FL 33179  
US

Mailing Address

1835 NE MIAMI GARDENS DRIVE  
#144  
NORTH MIAMI BEACH FL 33179  
US

2. Principal Place of Business

16711 Collins Ave

Suite, Apt. #, etc.  
#1007

City & State

Sunny Isles, Florida

Zip  
33160

Country  
US

3. Mailing Address

16711 Collins Ave

Suite, Apt. #, etc.  
#1007

City & State

Sunny Isles, Florida

Zip  
33160

Country  
US



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2162430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRAYND, PAUL  
1380 NE MIAMI GARDENS DR.  
#220  
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name FRAYND, PAUL

Street Address Box Number is Not Acceptable)

16711 Collins Ave #1007

City Sunny Isles

FL

Zip Code

33160

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ENGELMAN, ASHERI  
STREET ADDRESS 1380 NE MIAMI GARDENS DR #220  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE PST ☐ Delete  
NAME FRAYND, PAUL  
STREET ADDRESS 1380 NE MIAMI GARDENS DR #220  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Engelman, Asheri  
STREET ADDRESS 16711 Collins Ave #1007  
CITY-ST-ZIP Sunny Isles FL 33160

TITLE PST ☐ Addition  
NAME Fraynd, Paul  
STREET ADDRESS 16711 Collins Ave #1007  
CITY-ST-ZIP Sunny Isle FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4-4-2005

Date

Daytime Phone #