

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20606

FILED  
May 07, 2007  
Secretary of State

Entity Name: PAPPAS PROPERTIES, INC.

## Current Principal Place of Business:

19001 BISCAYNE, BLVD  
P.O. BOX 630507 OJUS, FL. 33163  
MIAMI, FL 33180 US

## New Principal Place of Business:

19025 BISCAYNE, BLVD  
AVENTURA, FL 33180 US

## Current Mailing Address:

PO BOX 630785  
PO BOX 630785  
OJUS, FL 33136 US

## New Mailing Address:

FEI Number: 65-0146114      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAPPAS, STEVEN J V  
19025 BISCAYNE BOULEVARD  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

PAPPAS, BRIAN J  
19025 BISCAYNE BOULEVARD  
AVENTURA, FL 33180 US

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.

SIGNATURE: BRIAN J PAPPAS

05/07/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PAPPAS, JAMES  
Address: PO BOX 630785  
City-St-Zip: OJUS, FL 33163

Title: DV ( ) Delete  
Name: PAPPAS, LAVERNE  
Address: PO BOX 630785  
City-St-Zip: OJUS, FL 33163

Title: VTD ( ) Delete  
Name: PAPPAS, STEVEN J  
Address: P O BOX 630785  
City-St-Zip: OJUS, FL 33163

Title: SD ( ) Delete  
Name: JACKSON, CAROLYN P  
Address: P O BOX 630785  
City-St-Zip: OJUS, FL 33163

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN J PAPPAS

V

05/07/2007

Electronic Signature of Signing Officer or Director

Date