2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M00996

1. Entity Name PENNTAX PROPERTIES, INC.



Principal Place of Business

% CY PROPERTIES, INC. 404 WASHINGTON AVE., ATTN: CHINA GRILL MIAMI BEACH, FL 33139 Mailing Address

% CY PROPERTIES, INC. 404 Washington Ave., Attn: China Grill Miami Beach, Fl. 33139 FILED Mar 12, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02162007 No Chg-P CR2E034 (11/05)

\$8.7	5 Additional	
23-2080260	Not Applicat	ole
4. FEI Number	Applied For	

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CY PROPERTIES 404 WASHINGTON AVE ATTN: CHINA GRILL MIAMI BEACH, FL 33139

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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 eignature 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	PST CHODOROW, JEFFREY R. 19925 NE 39 PLACE, PH701 AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			
42. I hereby certify that the information publicd with this filling does not qualify for the s			

U00000661572 03/20/07-80047-003 150.00

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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 trystee 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6:07

305 957 0690

Date

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