


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90001 023 \*\*\*163.75

|   |   |
|---|---|
| <b>DOCUMENT # M01314</b><br>1. Entity Name<br><b>PROPERTY TRANSACTIONS OF FLORIDA, INC.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>110 NE 62ND STREET<br/>MIAMI, FL 33138</b> | Mailing Address<br><b>110 NE 62ND STREET<br/>MIAMI, FL 33138</b> |
|--|--|

**50021724**



07042006 Chg-P CR2E034 (11/05)

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>17140 N.W. 42<sup>nd</sup> COURT</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>P.O. BOX 2047</b><br>Suite, Apt. #, etc.<br><b>18690 N.W. 37<sup>th</sup> AVENUE</b> |
| City & State<br><b>MIAMI-GARDENS, FL</b><br>Zip<br><b>33055-4413</b> Country<br><b>U.S.A.</b>    | City & State<br><b>CAROL CITY, FLORIDA</b><br>Zip<br><b>33055</b> Country<br><b>U.S.A.</b>                    |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2479464</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |
|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|--|

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>SWINK, WILLIAM J., JR.<br/>2915 SW 13TH STREET<br/>MIAMI, FL 33145</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BONY, ANDRE M.<br>17140 NW 42ND ST.<br>CAROL CITY, FL 33055 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ST FLEUR, SYLVAIN<br>853 NE 80TH STREET<br>MIAMI, FL 33138 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MACGUFFIE, EVELYN<br>74 NE 174TH DR<br>N MIAMI BCH, FL 33162 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: Andre M. Bony, Pres. ANDRE M. BONY 7-04-06 (786) 323-4221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #