


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M01314</b> 1. Entity Name <b>PROPERTY TRANSACTIONS OF FLORIDA, INC.</b>	
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Principal Place of Business <b>17140 NW 42ND CT MIAMI- GARDENS, FL 33055</b>	Mailing Address <b>PO BOX 2047 18690 NW 37TH AVE CAROL CITY, FL 33055</b>
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04072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2479464</b>	Applied For <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  <b>SWINK, WILLIAM J., JR. 2915 SW 13TH STREET MIAMI, FL 33145</b>
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**DO NOT WRITE  
IN THIS SPACE**

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, 2008 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	P BONY, ANDRE M. 17140 NW 42ND ST. CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ST FLEUR, SYLVAIN 853 NE 80TH STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACGUFFIE, EVELYN 74 NE 174TH DR N MIAMI BCH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/08-80093-023 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

**ANDRE M. BONY**

**17140 NW 42nd COURT  
MIAMI GARDENS, FL 33055**

**04/07/08 (786) 223-4221**  
Date Daytime Phone #