

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90048 047 ***150.00

DOCUMENT # P00000009312	
1. Entity Name AUGUST PROPERTY SERVICES, INC.	



Principal Place of Business 3706 N OCEAN BLVD #490 FT LAUDERDALE, FL 33308	Mailing Address 3706 N OCEAN BLVD #490 FT LAUDERDALE, FL 33308
---	---

2. Principal Place of Business - No P.O. Box # 3415 GALT OCEAN DR. Suite, Apt. #, etc. STE. 490 City & State FT LAUDERDALE FL Zip 33308 Country BROWARD	3. Mailing Address 3415 GALT OCEAN DR. Suite, Apt. #, etc. STE. 490 City & State FT LAUDERDALE FL Zip 33308 Country BROWARD
--	--



01042007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0990063		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BACH, EDWARD A. 3706 N OCEAN BLVD #490 FT LAUDERDALE, FL 33308 BACH, Edward A. 8549 S.W. 17 ST DAVIE, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: [Signature] (NOTE: Registered Agent signature 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACH, EDWARD A 320 E BOUGAINVILLE DR DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D BACH, EDWARD A 8549 SW 17 STREET DAVIE, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UNRAU, MARY A 3700 GALT OCEAN DRIVE, APT 405 FT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, D VENAGE, JULIO 10786 N.W. 88 AVENUE HIALEAH GARDENS FL 33018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BACH, EDWARD A II 260 MEADOW STREET LONG MEADOWS, MA 01106 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____