ANNUAL REPORT (AR)

DOCUMENT # P00000013432



FILED Feb 28, 2007 08:00 AM Secretary of State

Entity Name NTONIO PETOSA PROPER	RTY MANAGEMENT, INC.	
ncipal Place of Business	Mailing Address	

Prii 6400 BRECKRIDGE CIR. 6400 BRECKRIDGE CIR. LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 65-1025498 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETOSA, ANTONIO 6400 BRECKRIDGE CIR. Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 City 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, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete шп ☐ Change PETOSA, TONY NAME NAME 000000650611 03/08/07-80020-017 150.00 6400 BRECKERIDGE CIR. STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP VSD Detete ШЕ ☐ Addition ☐ Change PETOSA, ANN NAME NAMI: 2735 DOE TRAIL STREET ADDRESS STREET ADDRESS LOXAHATCHEE FL 33470 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITU. ☐ Delete mir. Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ШŒ ☐ Defete TITLE Change Addition NAME NAMI' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Addition Change NAME. STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

ICER OR DIRECTOR

2.21-07 561-662-1841