
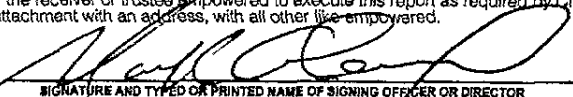


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000057676 1. Entity Name ALEXANDER PROPERTY MANAGEMENT, INC.		
Principal Place of Business 4700 OAKES ROAD BAY A & B DAVIE, FL 33314	Mailing Address 4700 OAKES ROAD BAY A & B DAVIE, FL 33314	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRILL, THEODORE F ESQ THEODORE F. BRILL, P.A. 8211 WEST BROWARD BLVD SUITE 360 PLANTATION, FL 33324-2737		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALEXANDER, MARK 12410 SW 1ST COURT PLANTATION, FL 33325	
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 life employed.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-19-06 954-3167031 <small>Date Daytime Phone #</small>



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1016233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000521566
05/02/06-80142-004 150.00

**DO NOT WRITE
IN THIS SPACE**