


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 /**  
**Secretary of State**

**DOCUMENT-# P00000057676**

1. Entity Name  
**ALEXANDER PROPERTY MANAGEMENT, INC.**



Principal Place of Business <b>4700 OAKES ROAD          BAY A &amp; B          DAVIE, FL 33314</b>	Mailing Address <b>4700 OAKES ROAD          BAY A &amp; B          DAVIE, FL 33314</b>
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04242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

**BRILL, THEODORE F ESQ  
 THOEDORE 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)

**FILE NOW!! FEE IS \$160.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

UD00000733525  
 05/09/07-80092-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDER, MARK 12410 SW 1ST COURT PLANTATION, FL 33325
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**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 authority empowered.

**SIGNATURE:**  **4-23-07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date