

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90106 041 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000062178					
1. Entity Name PRISTINE FLORIDA PROPERTIES, INC.					
Principal Place of Business 61 W COLONIAL DRIVE ORLANDO, FL 32801			Mailing Address 61 W COLONIAL DRIVE ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3655164	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 61 W COLONIAL DRIVE ORLANDO, FL 32801				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, 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, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CRAMPTON, SUSAN E		NAME		
STREET ADDRESS	61 W COLONIAL DRIVE		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32801		CITY- ST- ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SHOEMAKER, JOHN B		NAME		
STREET ADDRESS	61 W COLONIAL DRIVE		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32801		CITY- ST- ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KODSI, ALBERT		NAME		
STREET ADDRESS	61 W COLONIAL DRIVE		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32801		CITY- ST- ZIP		
TITLE	VPT	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	COHEN, ORO		NAME		
STREET ADDRESS	61 W COLONIAL DRIVE		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32801		CITY- ST- ZIP		
TITLE	VPT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COHEN, ODED		NAME		
STREET ADDRESS	61 W. COLONIAL DR		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32801		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			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 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, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			ODED COHEN 4/1/07 (407) 294-7931		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		