

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028879

Entity Name: PROPTEK MANAGEMENT, INC.

FILED  
Feb 13, 2007  
Secretary of State

## Current Principal Place of Business:

12515 N. KENDALL DRIVE  
314  
MIAMI, FL 33186

## Current Mailing Address:

12515 N. KENDALL DRIVE  
314  
MIAMI, FL 33186

## New Principal Place of Business:

999 PONCE DE LEON BLVD  
1045  
CORAL GABLES, FL 33134

## New Mailing Address:

C/O T CHADDERTON 999 PONCE DE LEON BLVD  
1045  
CORAL GABLES, FL 33134

FEI Number: 65-1084525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHADDERTON, TREVOR B  
999 PONCE DE LEON BLVD. #1045  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: CHADDERTON, TREVOR  
Address: 999 PONCE DE LEON BLVD., SUITE #1045  
City-St-Zip: CORAL GABLES, FL 33134

Title: VTD ( ) Delete  
Name: NEWMAN, BRUCE  
Address: 12515 N. KENDALL DRIVE # 314  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VTD (X) Change ( ) Addition  
Name: NEWMAN, BRUCE  
Address: 420 S. BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREVOR B CHADDERTON

P

02/13/2007

Electronic Signature of Signing Officer or Director

Date