2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Aug 18, 2006 8:00 am Secretary of State

| 2D Country Zip Country 5. Certificate of Status Desired | 1. Entity Name | MENT # P0100006 ROPERTIES, INC. | 5565 | | | | | ry 01 St 90032 021 ***150 | |
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| Suite, Apt. 4, etc. Suite, Apt. 4, etc. O7252006 Chg.P CR2634 (11/05) | 333 NE 8TH | STREET | 333 NE 8TH STREET |)30 | | | o kalen min sern dam tu | rin pania dinak kilin kilin dinak kilin kilin | ולחו מוחור |
| City & State Country Coun | 2. Principal Pl | ace of Business | 3. Mailing Address | | | | | | |
| APPLED FOR 65-11176 2-11 Next Apple Zip Country Zip Country S. Centificate of Status Desired | Suite, Apt. #, etc. | | Suite, Apr. #, etc. | | | 07252006 | Chg-P | CR2E034 (11/05) | |
| B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address o | City & State | | City & State | | | 4. FEI Numb | D FOR 65-1 | 117627 AP | plied For Applicable |
| PASTRAN, RAUL E 333 NE 8TH STREET HOMESTEAD, FL 330300 City City City FL Zip Code City FL Zip Code City Stress Address (P.O. Box Number is Nix Acceptable) City FL Zip Code City FL Zip Code City Stress Address (P.O. Box Number is Nix Acceptable) City FL Zip Code City FL Zip Code City Stress Address (P.O. Box Number is Nix Acceptable) City FL Zip Code City FL Xip Code City FL Zip Code City FL Xip Code Ci | Zip | Country | Zip | Cour | niry | 5. Certificate | of Status Desired | | |
| PASTRAN, RAUL E 333 N E 8TH STREET HOMESTEAD, FL 33030 Cay Cay FL Zip Code Cay FL Cay FL Zip Code Cay Cay FL Zip Code Cay Cay FL Zip Code Code Code Code Code FL Zip Code Code | | 6. Name and Address of Currer | it Registered Agent | • | | 7. Name and | Address of New F | Registered Agent | |
| 8. The above named entry submits his statement for the purpose of changing its registered office or registered agent, or book, in the State of Florida. I am lamillar with, and at the obligations of registered agent. Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signatur | 333 NE 8T | H STREET | <u> </u> | | | ess (P.O. Box Numb | er is Not Acceptabl | | |
| Unit obegations of registered agent. Signature Fill E NOW!!! FEE IS \$150.00 Due by September 6, 2006 10. | | | | | City | | _, | FL Zip Code | 9 |
| Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE PT | the obligation | ions of registered agent. Signature, typed or printed name of registered age | ne and size if explicable. (AlC | OTE: Register | ed Agent signature fo | chied when reinstating) | | DATE | |
| ITILE NAME PAEREZ, JAIRO SIRET ADDRESS CITY-S1-7P HOMESTEAD, FL 33030 TITLE NAME PAEREZ, LUZ DE SIRET ADDRESS CITY-S1-7P HOMESTEAD, FL 33030 TITLE NAME SIRET ADDRESS CITY-S1-7P HOMESTEAD, FL 33030 TITLE NAME SIRET ADDRESS CITY-S1-7P CHARGES CITY-S1-7P | D: | ue by September 6, 2008 | Trust Fund Co | ntribution. | . 0 | Added to Fees | corporation did | not receive the prior r | notice. |
| NAME STRET ADDRESS OTTY-ST-ZP PAEREZ, JAIRO 333 NE 87TH STREET HOMESTEAD, FL 33030 TITLE VS PAEREZ, LUZ DE STRET ADDRESS STRET ADDRESS STRET ADDRESS OTTY-ST-ZP TITLE NAME STRET ADDRESS OTTY-ST- | | | | | | ADDITIONS | /CHANGES TO OF | | S IN 11 |
| TITLE NAME PAEREZ, LUZ DE 333 NE 8TH STREET HOMESTEAD, FL 33030 TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS CITY-ST-ZP TITLE Delete STRET ADDRESS CITY-ST-ZP T | NAME Street address | 333 NE 8TH STREET | | NA) STR | KE BEET ADORESS | | | | |
| NAME SIRET ADDRESS CITY-ST-ZPP TITLE NAME SIRET ADDRESS CITY-ST-ZPP | NAME STREET ADDRESS | PAEREZ, LUZ DE 333 NE 8TH STREET | ☐ O cicie | NAS STR | NEET ADDRESS | | | Change | Additio |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 1. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information does not for the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered. | NAME STREET ADDRESS | | ☐ Delete | NAI STR | ME REET ADDRESS | | | ☐ Change. | Additio |
| NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informal 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 directly 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 changed, or on an attachment with an address, with all other like empowered. | name Street address | | ☐ Deleta | NA. STR | NE Reet adoress | | | ☐ Change | Additio |
| indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under darn; that I am an officer or directly 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 changed, or on an attachment with an address, with all other like empowered. | NAME STREET ADDRESS | | □ Delete | NA! STE | ME REET ADDRESS | | | ☐ Change | Addition |
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