2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 FEB -9 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112424

1. Entity Name
PROSPERA REALTY, INC.

Principal Place of Business	Mailing Address
210 71ST ST 315 MIAMI BEACH, FL 33141	5335 LAGORCE DRIVE MIAMI BEACH, FL 33140

02082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2922 Flamingo Drive Suite, Apt. #, etc.
City & State	Miami Beach, Florida City & State
Zip / Country	33140 / USA Zip / Country

4. FEI Number 01-0591021 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, TERESA E 5335 LAGORCE DRIVE MIAMI BEACH, FL 33140	Name: Teresa E. Williams-Yetming Street Address (P.O. Box Number is Not Acceptable): 2922 Flamingo Drive City: Miami Beach FL Zip Code: 33140

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: T.W.Y 2.8.05
Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent's signature required when changing) DATE

FILE NOW!!! FEB IS $150.00
After May 1, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, JAMES 2039 EAST RIVER BLVD GRAND ISLAND, NY 14072	☐ Delete	P Teresa Williams-Yetming 2922 Flamingo Drive Miami Beach, FL 33140	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WILLIAMS, JOSEPH M 2912 VILLA ROSA PARK TAMPA, FL 33611	☐ Delete	S00046419055 02/11/05--01016--003 **80.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: T.W.Yetming 2.8.05 305-510-9619
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Telephone #