2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118811

Entity Name: P & A PROPERTY MANAGEMENT CORP.

FILED Mar 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 2475 BRICKEL AVE
 1835 NW 112 AVE

 APT 1510
 SUITE 159

 MIAMI, FL 33129
 MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

7575 WEST FLAGLER STREET, STE 204 1835 NW 112 AVE MIAMI, FL 33144 SUITE 159 MIAMI, FL 33172

FEI Number: 03-0399760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PASCHALIDES, ASTRID
2475 BRICKELL AVE APT 1510
MIAMI, FL 33129 US
PASCHALIDES, ASTRID
1835 NW 112 AVE
SUITE 159
MIAMI, FL 33129 US

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: 03/19/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PASCHALIDES, ASTRID

Address: 2475 BRICKELL AVE APT 1510 City-St-Zip: MIAMI, FL 33129

Title: D () Delete Name: CARRASCO, ANA M

Address: 2475 BRICKELL AVE APT 1510

City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition

Name: PASCHALIDES, ASTRID
Address: 1835 NW 112 AVE, SUITE 159

City-St-Zip: MIAMI, FL 33172

Title: D (X) Change () Addition

Name: CARRASCO, ANA M

Address: 1835 NW 112 AVE, SUITE 159

City-St-Zip: MIAMI, FL 33172

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: ASTRID PASCHALIDES MISS 03/19/2007