

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000013993					
1. Entity Name ENDLESS PROPERTIES, CORP.					
Principal Place of Business 3850 SW 144TH PL MIAMI FL 33175			Mailing Address 3850 SW 144TH PL MIAMI FL 33175		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 71-0865987	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, YARIEL 3850 SW 144 PL MIAMI FL 33175				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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	P ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	HERNANDEZ, MINERVINO	NAME			
STREET ADDRESS	3850 SW 144 PL	STREET ADDRESS			
CITY- ST- ZIP	MIAMI FL 33-175	CITY- ST- ZIP	U00000471522		
TITLE	VPS ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	HERNANDEZ, YARIEL	NAME			
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CITY- ST- ZIP	MIAMI FL 33175	CITY- ST- ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			



1st MOORE CR2E034 (10/05)

4. FEI Number **71-0865987**

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

**HERNANDEZ, YARIEL
3850 SW 144 PL
MIAMI FL 33175**

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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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 Section 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mervino Hernandez* **3/12/2006 (305)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #