

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90019 018 ***150.00

DOCUMENT # P02000023259

1. Entity Name
PH-2/1000 PROPERTY INVESTMENTS, INC.



Principal Place of Business
2999 NE 191 ST STE 900
AVENTURA, FL 33180

Mailing Address
2999 NE 191 ST STE 900
AVENTURA, FL 33180

40077509



2. Principal Place of Business - No P.O. Box #
2750 NE 185th Street
Suite, Apt. #, etc.
2nd Floor

3. Mailing Address
2750 NE 185th Street
Suite, Apt. #, etc.
2nd Floor

03142008 Chg-P CR2E034 (12/06)

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number
20-8964380

Applied For
Not Applicable

Zip
33180

Zip
33180

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

SCHIFFMAN, ADAM R ESQ.
2999 NE 191 ST STE 900
AVENTURA, FL 33180

Name
Schiffman, Adam R.
Street Address (P.O. Box Number is Not Acceptable)
2750 NE 185th Street
2nd Floor
City
Aventura FL Zip Code
33180

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

5/14/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
BRETERKLIBER, PETER
1000 ISLAND BLVD UNIT PH 2
AVENTURA, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/20/08 305-332-0750