


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000031665	
1. Entity Name SZIEBERT PROPERTIES, INC.	
	
Principal Place of Business 100 W CYPRESS CREEK RD, STE 700 FT LAUDERDALE, FL 33309	Mailing Address C/O MILMAN & COMPANY 203-1881 STEELES AVE W. TORONTO CANADA M3H 5Y4,



03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0662918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TRCA, MICHELLE G ESQ MICHELLE G. TRCA, P.A. 2455 E. SUNRISE BLVD., SUITE 905 FT LAUDERDALE, FL 33304	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREGOUDOV, ANDREI 5 NEW HAVEN DR TORONTO ONTARIO M5N 1H8,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREGOUDOV, LIODMILA 5 NEW HAVEN DR TORONTO ONTARIO M5N 1H8,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/25/05-80015-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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

March 9, 2005 (416) 7364423