

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90006 035 ***150.00

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04202004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000065584		
1. Entity Name PROPERTY PROJECTS ENTERPRISES, INC.		

Principal Place of Business 2755 E. OAKLAND PARK BLVD. 300 FT. LAUDERDALE, FL 33306	Mailing Address 2755 E. OAKLAND PARK BLVD. 300 FT. LAUDERDALE, FL 33306
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2. Principal Place of Business 1141 Coral Ridge Dr. Suite, Apt. #, etc. Ste. 320 City & State Coral Springs FL Zip 33071 Country USA	3. Mailing Address 1141 Coral Ridge Dr. Suite, Apt. #, etc. Ste. 320 City & State Coral Springs FL Zip 33071 Country USA
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6. Name and Address of Current Registered Agent LANE, PAUL J 2755 E. OAKLAND PARK BLVD. 300 FT. LAUDERDALE, FL 33306	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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/D GOLDSTEIN, DAVID C/O 2755 E. OAKLAND PARK BLVD. #300 FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S/D EINY, AMNON 1141 Coral Ridge Dr. Ste. 320 Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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:	AMNON EINY, SECY 4/20/04 305-525-6968