2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012018

Title:

Name:

Address:

City-St-Zip:

() Delete

BURTON, CALVIN

3920 NW 188 ST

MIAMI, FL 33055

Entity Name: EAGLE'S EYE PROPERTY MANAGEMENT. INC

FILED Apr 19, 2005 Secretary of State

Littly Nan	ie. LAGLEST	LILFROFERITIWANAC	JEIVIEINT, IINC					
Current Principal Place of Business:				New Principal Place of Business:				
501 NW 1S HALLANDA	ST AVE ALE BEACH, F	L 33009						
Current Mailing Address:				New Mailing Address:				
501 NW 1S HALLANDA	ST AVE ALE BEACH, F	L 33009						
FEI Number: 11-3684511 FEI Number Applied For () FEI N				nber Not Appli	icable ()	Certificate of Status Des	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
1005 NW 7 HALLANDA	ALE BEACH, For a second	L 33009 US ubmits this statement for t	the purpose o	f changing it	ts registere	d office or registered age	nt, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent						Date		
Election Cam	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	SANDERS, ANTI 1005 NW 7TH A			Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	THOMAS, VON 114 NW 1ST AV	Delete E EACH, FL 33009		Title: Name: Address: City-St-Zip:	O THOMAS, V 114 NW 1S HALLANDAI			

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY SANDERS PRES 04/19/2005

(X) Change () Addition

HALLANDALE BEACH, FL 33009

EVANS, DAVID

501 NW 1 AVE