


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91242 001 ***150.00

DOCUMENT # P03000020209		
1. Entity Name PROPERTY MASTERS MANAGEMENT, INC.		

Principal Place of Business 17835 SW 10 COURT PEMBROKE PINES FL 33029	Mailing Address 17835 SW 10 COURT PEMBROKE PINES FL 33029
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2. Principal Place of Business 19124 NW 24 PLACE Suite, Apt. #, etc.	3. Mailing Address 19124 NW 24 PLACE Suite, Apt. #, etc.
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MOORE CR2E034 (11/03)

City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL	4. FEI Number 59-3768183	Applied For <input type="checkbox"/> Not Applicable
Zip 33029	Country	Zip 33029	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CAST, LOUIS F
 4805 NW 79 AVE #9
 MIAMI FL 33166

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  LOUIS F. CAST 4-29-04
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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	DPV GOMEZ, EDDY 17835 SW 10 COURT PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  EDDY GOMEZ - President - 4/29/04 (67) 525-6216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #