


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # P0300011274
1. Entity Name
B S D PROPERTIES INC.



Principal Place of Business
353 W 47TH STREET
SUITE 7 E
MIAMI BEACH, FL 33140

Mailing Address
353 W 47TH STREET
SUITE 7 E
MIAMI BEACH, FL 33140 US

DO NOT WRITE IN THIS SPACE



114212007 No Chg-P CR2E034 (11/05)

4. FZI Number
20-0284804

Applied For
Not Applicable

8. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KOOT, MOSHE
353 W 47TH STREET
SUITE 7 E
MIAMI BEACH, FL 33140

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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 _____ DATE _____
Signature typed or printed name of registered agent and FZI number (NOTE: Registered Agent signature required when applicable)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing
Tax or Fund Contribution \$5.00 (Fee Be Added to Fees)

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MOSHE, KOOT 353 W 47TH STREET MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOOT, HANIA 353 W 47TH STREET MIAMI BEACH, FL 33140
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U00000761465
05/25/07-80055-021-150.00

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 empowers.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR