

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000158196

1. Entity Name
FLAT FEE PROPERTY INC



FILED

05 MAR 29 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4000 PONCE DE LEON
SUITE 476
CORAL GABLES, FL 33146

Mailing Address
4000 PONCE DE LEON
SUITE 476
CORAL GABLES, FL 33146

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

470

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip
33146

Country
Miami-Dade

Zip

Country

03252005 Chg-P CR2E034 (10/03)

4. FEI Number
45-0534307

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, EMILIO
10240 SW 159 PLACE
MIAMI, FL 33196

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

Emilio Perez (President)

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARANTE, DANETTE
STREET ADDRESS 4000 PONCE DE LEON, SUITE 476
CITY-ST-ZIP CORAL GABLES, FL 33146

☒ Delete

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NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Emilio Perez
STREET ADDRESS 4000 PONCE DE LEON, SUITE 470
CITY-ST-ZIP CORAL GABLES, FL 33146

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/2005 786-8776185

Date

Daytime Phone #