

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000009235

1. Entity Name
PROPER REAL ESTATE MANAGEMENT INC.



FILED
05 APR 29 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11265 SW 53RD TERRACE
MIAMI, FL 33165

Mailing Address
11265 SW 53RD TERRACE
MIAMI, FL 33165



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

Apply For.

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUENO, LUCILA
11265 SW 53RD TERRACE
MIAMI, FL 33165

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

Lucila Bueno

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/28/2005
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BUENO, LUCILA
STREET ADDRESS 11265 SW 53RD TERRACE
CITY-ST-ZIP MIAMI, FL 33165

TITLE ☐ Change ☐ Addition
NAME 900054205849
STREET ADDRESS 05/10/05--01040--019 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

Lucila Bueno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #