2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an addr

May 01, 2008 8:00 am Secretary of State DOCUMENT # P04000065322 05-01-2008 90180 002 ***158.75 DIXIE PROPERTY MANAGEMENT INC. Principal Place of Business Mailing Address 828 S. DIXIE HIGHWAY 828 S. DIXIE HIGHWAY HALLANDALE, FL 33009 HALLANDALE, FL 33009 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 20-1025828 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GILLMAN, JERRY Street Address (P.O. Box Number is Not Acceptable) 828 S. DIXIE HIGHWAY HALLANDALE, FL 33009 City Zip Code 8. The above named entity submits this state pose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept ent for the b the obligations of registered ageni and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OPFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Change ☐ Addition Delete Gillman, Jerry NAME GILLMAN, JERRY YOUH SIXIC. E 868 STREET ADDRESS 808 S. DIXIE HIGHWAY STREET ADDRESS HALLANDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP Hallandale, Fl. 33000 TITLE ☐ Delete TITLE Change Addition BOWMAN, DUANE C NAME NAME PWH DIXIC BB8 808 S. DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS HALLANDALE, FL 33309 CITY-ST-ZIP Hallandale, Fl.3 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling these or quality 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

ess, with all other like empowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED