

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000120905**

1. Entity Name  
PROPERTY PROFESSIONAL SERVICES, INC.



Principal Place of Business  
14411 COMMERCE WAY  
SUITE 310  
MIAMI LAKES, FL 33016

Mailing Address  
14411 COMMERCE WAY  
SUITE 310  
MIAMI LAKES, FL 33016



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1525707

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

STEFANELLI, MICHELE  
14411 COMMERCE WAY  
SUITE 310  
MIAMI LAKES, FL 33016

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000742934  
05/15/07-80087-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME PIERCE, DENIS  
STREET ADDRESS 14411 COMMERCE WAY, SUITE 310  
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE ST  
NAME STEFANELLI, MICHELE  
STREET ADDRESS 14411 COMMERCE WAY STE 310  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 empowered.

**SIGNATURE:**

*Michele Stefanelli* MICHELE STEFANELLI

4/27/07

305-557-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #