

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90037 030 ***150.00

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1. Entity Name
HOUSEHOLD PROPERTIES CORP.

Principal Place of Business
**2409 N DIXIE HIGHWAY
WEST PALM BEACH, FL 33407**

Mailing Address
**2409 N DIXIE HIGHWAY
WEST PALM BEACH, FL 33407**

2. Principal Place of Business - No P.O. Box #

700 NW 5TH PLACE

Suite, Apt. #, etc.

Suite 8

City & State

Ft. Lauderdale, FL

Zip

33309

Country

US

3. Mailing Address

700 NW 5TH PLACE

Suite, Apt. #, etc.

Suite 8

City & State

Ft. Lauderdale, FL

Zip

33309

Country

US

04242007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-2960330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**URALLI, EMRE
2409 N DIXIE HIGHWAY
WEST PALM BEACH, FL 33407**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

700 NW 5TH PLACE

Suite 8

City

Ft. Lauderdale

FL

Zip Code

33309

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**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **URALLI, EMRE**
STREET ADDRESS **2409 N DIXIE HIGHWAY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **700 NW 5TH PLACE, Suite 8**
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/07