

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128669

**FILED**  
**Jan 07, 2008**  
**Secretary of State**

**Entity Name:** FINE PROPERTIES & ESTATES, INC.

**Current Principal Place of Business:**

2645 EXECUTIVE PARK DR., SUITE 154  
WESTON, FL 33331

**New Principal Place of Business:**

40 SE 5TH STREET  
400  
BOCA RATON, FL 33432

**Current Mailing Address:**

2566 JARDIN WAY  
WESTON, FL 33327

**New Mailing Address:**

40 SE 5TH STREET  
400  
BOCA RATON, FL 33432

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REBOREDO, GASTON  
2566 JARDIN WAY  
WESTON, FL 33327 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: PRAZNIK, VALERIE  
Address: 1467 VERACRUZ LANE  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: REBOREDO, GASTON  
Address: 2566 JARDIN WAY  
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GASTON REBOREDO

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01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date