

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-21-2007 90027 040 ***158.75

P04000148137

FILED

07 MAR -8 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/06)

DOCUMENT # P04000148137	
1. Entity Name DIXIE SPECIALTY PROPERTIES, INC.	



Principal Place of Business 215 SW 125TH AVENUE PLANTATION FL 33325-2710	Mailing Address 215 SW 125TH AVENUE PLANTATION FL 33325-2710
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 86-1120242	Applied For ☐ Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent BLEIBLE, RINA 215 SW 125TH AVENUE PLANTATION FL 33325-2710		7. Name and Address of New Registered Agent Name ABDULLAH FRANCIS Street Address (P.O. Box Number is Not Acceptable) 215 SW 125 AVE. City plantation FL Zip Code 33325	
---	--	---	--

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 Francis Abdullah DATE 2/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY - ST - ZIP	M BLEIBLE, RINA 215 SW 125TH AVENUE PLANTATION FL 33325-2710 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	M BLEIBEL, CHADI 215 SW 125TH AVENUE plantation FL 33325 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] DATE: 2-08-07 DISBURSE PHONE: 954-472-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR