

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90347 005 ***150.00

DOCUMENT # P04000157092

1. Entity Name
PROPLOGIK REALTY, INC.



Principal Place of Business
**233 S. SEMORAN BLVD
ORLANDO, FL 32807**

Mailing Address
**233 S. SEMORAN BLVD
ORLANDO, FL 32807**

2. Principal Place of Business

**976 Lake Baldwin Lane
Suite 201**

3. Mailing Address

**976 Lake Baldwin Lane
Suite 201**

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32814

Country

Orange

Zip

32814

Country

Orange

04272006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-1913662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARCHENA, MARCOS R
233 S. SEMORAN BLVD.
ORLANDO, FL 32807**

7. Name and Address of New Registered Agent

Name

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

976 Lake Baldwin Lane Suite 201

City

Orlando

FL

Zip Code

32814

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, 2006 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 **MARCHENA, MARCOS R**
STREET ADDRESS **233 S. SEMORAN BLVD.**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **S** ☐ Delete
NAME **MARCHENA, MARCOS R**
STREET ADDRESS **233 S. SEMORAN BLVD.**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 **976 Lake Baldwin Ln Suite 201**
CITY-ST-ZIP **ORLANDO FL 32814**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **976 Lake Baldwin Ln Suite 201**
CITY-ST-ZIP **ORLANDO FL 32814**

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

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

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

4/22/06 4076599566
Date Daytime Phone #