## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P05000022839 1. Entity Name 04-24-2006 90374 028 \*\*\*150 00 DESIRE PROPERTIES, INC. Principal Place of Business Mailing Address 4142 NW 3RD AVE 4142 NW 3RD AVE POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-a Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DESIRE, PATRICK Street Address (P.O. Box Number is Not Acceptable) 4142 NW 3RD AVE POMPANO BEACH, FL 33064 Zip Code 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, typed or printed name (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be $\Box$ After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TATLE ☐ Change ☐ Addition NAME DESIRE, PATRICK NAME STREET ADDRESS 4142 NW 3RD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP BILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

R OR DIRECTOR

**FILED** 

Daytime Phone #