


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90011 018 ***150.00

DOCUMENT # P05000025300

1. Entity Name
DESIREE PROPERTY MANAGEMENT, INC.



Principal Place of Business
**485 N.W. 88TH TERRACE
 MIAMI, FL 33150**

Mailing Address
**485 N.W. 88TH TERRACE
 MIAMI, FL 33150**

2. Principal Place of Business
2600 N.W. 103 St
 Suite, Apt. #, etc.

3. Mailing Address
2600 N.W. 103 St
 Suite, Apt. #, etc.


City & State
Miami FL

City & State
Miami FL

Country
FL

Country
FL

Zip
33147



02232006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2355089

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**AROCHO, SANDY
 485 N.W. 88TH TERRACE
 MIAMI, FL 33150**

7. Name and Address of New Registered Agent
 Name **Kenneth H. Williams**
 Street Address (P.O. Box Number is Not Acceptable)
3313 W. Commercial Blvd Suite 190
 City **Tomb Lauderdale FL** Zip Code **33209**

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 Kenneth H. Williams DATE 02/23/06

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, 2006 Fee will be \$550.00

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	D AROCHO, SANDY 485 N.W. 88TH TERRACE MIAMI, FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTOS, LISBETH M 485 N.W. 88TH TERRACE MIAMI, FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 approved.

SIGNATURE: Lisbeth M. Bustos DATE 2/24/06 (301) 683-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR