


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT.(AR)

FILED

May 02, 2008 08:00 AM  
Secretary of State

DOCUMENT # P05000059034	
1. Entity Name GREATER MIAMI PROPERTIES COMPANY, INC.	

Principal Place of Business 1221 NW 88TH STREET MIAMI FL 33147	Mailing Address 1221 NW 88TH STREET MIAMI FL 33147
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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

1st MOORE CR2E034 (10/07)

4. FEI Number 01-0837091	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PORTER, ALBERT 1221 NW 88TH STREET MIAMI FL 33147
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when completing.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete HILL, CLAYTON 930 N.W. 43RD STREET MIAMI FL 33127
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete V PORTER, ALBERT 1221 NW 88TH STREET MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete T PORTER, YUNES 1221 NW 88TH STREET MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete S HILL, CLAYTON NW 43RD STREET MIAMI FL 33127
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT PORTER 4/28/08 (305) 375-3128  
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR