2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006
Secretary of State

DOCUMENT# P05000074617

Entity Name: CONTREVAL PROPERTIES, INC.

Current Principal Place of Business:

6154 NATIVE WOODS DR
TAMPA, FL 33625

New Principal Place of Business:

3900 NW 79 AVE
215
MIAMI, FL 33166

Current Mailing Address:

6154 NATIVE WOODS DR
TAMPA, FL 33625

New Mailing Address:

3900 NW 79 AVE
215
MIAMI, FL 33166

FEI Number: 20-2889863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES, MIGUEL
6154 NATIVE WOODS DR
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VALDES, MIGUEL
Address: 6154 NATIVE WOODS DR
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: CONTRERAS, JOSE A
Address: 6154 NATIVE WOODS DR
City-St-Zip: TAMPA, FL 33625

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: GARCIA, PATRICIA D
Address: 351 PLOVER AVE
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL VALDES D 03/24/2006
Electronic Signature of Signing Officer or Director Date