

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90232 035 \*\*\*150.00

<b>DOCUMENT # P05000110124</b> 1. Entity Name PROPERTY MANAGEMENT EXCLUSIVE, INC.			
Principal Place of Business <del>3205 SE 8TH STREET</del> <del>APT. A</del> POMPANO BEACH, FL 33062 US		Mailing Address <del>3205 SE 8TH STREET</del> <del>APT. A</del> POMPANO BEACH, FL 33062 US	
2. Principal Place of Business 2550 S.E. 6 <sup>th</sup> ST Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State POMPANO BCH FL Zip 33062		City & State SAME Zip SAME	
4. FEL Number 59-3817067		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  OSTROW, GARY S 3000 NE 30TH PLACE SUITE 301 FORT LAUDERDALE, FL, FL 33306		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALDERDICE, DEBRA <del>3205 SE 8TH STREET, APT. A</del> POMPANO BEACH, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2550 S.E. 6 <sup>th</sup> ST X POMPANO BCH. 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PELTZER, NICHOLAS <del>3205 SE 8TH STREET, APT. A</del> POMPANO BEACH, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2550 S.E. 6 <sup>th</sup> ST X SAME SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES PELTZER, MATHEW <del>3205 SE 8TH STREET, APT. A</del> POMPANO BEACH, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2550 S.E. 6 <sup>th</sup> ST X SAME SAME
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
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
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
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: 		DEBRA ALDERDICE 4-27-06 Date Daytime Phone #	

954-946-2522