

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118319

FILED  
Feb 06, 2007  
Secretary of State

Entity Name: HOUSE CHECKS PROPERTY MANAGEMENT CORP.

**Current Principal Place of Business:**

1580 SAWGRASS CORP. PARKWAY  
SUITE 130  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

305 WINDMILL PALM AVE.  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 20-3390042      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STASKOWSKI, BONNIE  
305 WINDMILL PALM AVE.  
PLANTATION, FL 33324    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: P ( ) Delete  
Name: AMORELLO, LYNDA  
Address: 1580 SAWGRASS CORP. PARKWAY  
City-St-Zip: SUNRISE, FL 33323

Title: V ( ) Delete  
Name: STASKOWSKI, BONNIE  
Address: 305 WINDMILL PALM AVE.  
City-St-Zip: PLANTATION, FL 33324

Title: T ( ) Delete  
Name: YAZEJIAN, ARMAND  
Address: 1580 SAWGRASS CORP PARKWAY  
City-St-Zip: SUNRISE, FL 33324

Title: D ( ) Delete  
Name: STASKOWSKI, ROBERT P  
Address: 305 WINDMILL PALM AVE.  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: BONNIE STASKOWSKI

VP

02/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date