

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000140241

1. Entity Name
NEIGHBORHOOD PROPERTY MANAGEMENT, INC.



Principal Place of Business

7740 W 2ND AVE
STE 4
HIALEAH, FL 33012

Mailing Address

7740 W 2ND AVE
STE 4
HIALEAH, FL 33012

2. Principal Place of Business

7740 W. 2nd COURT

Suite, Apt. #, etc.

#4

3. Mailing Address

7740 W. 2nd COURT

Suite, Apt. #, etc.

#4

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33010

Country

USA

Zip

33010

Country

USA



02212006

Chg-P

CR2E034 (11/05)

4. FEI Number

75-3203133

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ANTONIO
7740 W 2ND AVE
STE 4
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name AGUSTIN CABRERA

Street Address (P.O. Box Number is Not Acceptable)

7740 W. 2nd COURT, #4

City Hialeah

FL

Zip Code

33010

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE P
NAME PEREZ, ANTONIO
STREET ADDRESS 7740 W 2ND AVE - STE 4
CITY-ST-ZIP HIALEAH, FL 33012 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME AGUSTIN CABRERA
STREET ADDRESS 7740 W. 2nd COURT, #4
CITY-ST-ZIP Hialeah, FL 33010 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/night Phone #

(305) 819-2361