

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90009 012 \*\*\*150.00

**DOCUMENT # P05000155496**

1. Entity Name  
**EBS PROPERTY MANAGEMENT, INC**



Principal Place of Business  
**9400E NW 37TH AVENUE  
TRAILER B  
MIAMI, FL 33147**

Mailing Address  
**17000 NW 67TH AVE., SUITE 329  
HIALEAH, FL 33015**



04202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3895351**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BARRETT-BRYANT, THERESA  
9560 NW 18TH MANOR  
PLANTATION, FL 33322**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME EDWARDS, PATRICIA  
STREET ADDRESS 17000 NW 67TH AVE., SUITE 329  
CITY-ST-ZIP HIALEAH, FL 33015

TITLE VD  
NAME BARRETT-BRYANT, THERESA  
STREET ADDRESS 9560 NW 18TH MANOR  
CITY-ST-ZIP PLANTATION, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 any address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*T. Barrett-Bryant*  
**T. BARRETT-BRYANT**  
9543471642  
4/20/07