

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000167260

1. Entity Name
BURSTYN PROPERTIES, INC.



Principal Place of Business
12000 BISCAYNE BLVD.
SUITE 409
NORTH MIAMI, FL 33181

Mailing Address
C/O I LEND AMERICA
12000 BISCAYNE BLVD. SUITE 409
NORTH MIAMI, FL 33181



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3895374

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUMER, KARL J ESQ.
18851 NE 29 AVE
HARBOUR CENTER, SUITE 700
AVENTURA, FL 33180

**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 reconstituting)

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 P
NAME BURSTYN, DAVID
STREET ADDRESS 12000 BISCAYNE BLVD. SUITE 409
CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE VP
NAME BURSTYN, BRADLEY
STREET ADDRESS 12000 BISCAYNE BLVD. SUITE 409
CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000592592
01/19/07-80068-021 150.00

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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 an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07

Daytime Phone # _____