2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90239 019 ***150.00

DOCUMENT # P07000052942

1. Entity Name
SINCERE PROPERTY MANAGEMENT & FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~18350 N.W. 2ND AVE~~ ~~MIAMI, FL 33169~~	~~18350 N.W. 2ND AVE~~ ~~MIAMI, FL 33169~~

04282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10319 SW 20TH STREET	10319 SW 20TH Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR FLORIDA	City & State: MIRAMAR FLORIDA
Zip: 33025 Country: U.S.A	Zip: 33025 Country: U.S.A

4. FEI Number: 26-0781877 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~TRICIA ANN BLAIR, P.A.~~
~~18350 N.W. 2ND AVE~~
~~MIAMI, FL 33169~~

7. Name and Address of New Registered Agent

Name: OSCAR BOWEN
Street Address (P.O. Box Number is Not Acceptable): 10319 SW 20TH STREET
City: MIRAMAR FL Zip Code: 33025

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: OB 04/28/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOWEN, OSCAR 18350 N.W. 2ND AVE MIAMI, FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GORDON, GENEVA 18350 N.W. 2ND AVE MIAMI, FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CAMPBELL, JUNIOR 18350 N.W. 2ND AVE MIAMI, FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: OB 04/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #