2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 19, 2008 8:00 am Secretary of State

DOCUMENT # P07000053576 1. Entity Name 2027 PROPERTY MANAGEMENT INC.				05-19-2008 90031 002 ***150.00				
Principal Place of Business 4927 SW 167TH AVE MIRAMAR, FL 33027		Mailing Address 4927 SW 167TH AVE MIRAMAR, FL 33027)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132008	Chg-P	CR2E034 (12/06))	
City & State		City & State		4. FEI Number		 	applied For lot Applicable	
Zip	Country	Country Zip Cour		try	5. Certificate of	Status Desired	\$8.75 Ac	Iditional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and A	ddress of New R	egistered Agent	
MILLE MARIO No.				Name				
MULE, MARIO A 4 4927 SW 167TH AVE MIRAMAR, FL 33027				Street Address (P.O. Box Number is Not Acceptable)				
				City FI			FL Zip Co	de
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registero	ed office or register	red agent, or both	in the State of Flo	rida. I am familiar with	, and accept
SIGNATURE_	Signature, typed or grysted harris, of registered spens	and the fappicable. (NOTE	E: Registered	1 Agent signature required	I when ranetating)		DATE	
FiL After Ma	E NOW!!! FEE IS \$150:00 ay 1, 2008 Fee will be \$550.	9. Election Campai Trust Fund Contr			.00 May Be led to Fees			
10.	OFFICERS AND		11,		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	
TITLE NAME			TITLE	}			☐ Change	Addiãon
STREET ADDRESS	1			ET AUDITESS				
CITY-ST-73P	MIRAMAR, FL 33027		City-	-S1-72				
inte	Delete 117		IFFE				☐ Change	Addition
NAME			NAME	ŀ				
STREET ADDRESS CITY-ST-7/P			R .	E1 ADDHESS -S7-ZIP				
INLE		☐ Delete	TITLE				☐ Change	Addition
NAME:		Deage	NAME	1			C Ostalike	
STREET ADDRESS				ET ADORESS				
City-SI-ZP			CSIA-	-ST-7iP				
TITLE NAME		☐ Delete	TITLE	i			☐ Change	Addition
STREET ADDRESS			- 1	ET ADOSESS				
CITY-ST-7/P			CITY	-ST-75P				
TUTE	Detecte 1ffe		TITLE				☐ Change	Addition
NAME	1		HAME	1				
STREET ADDRESS CITY-ST-ZIP			•	ET ADDRESS -SI-7IP				
		C Outes					CT ch	☐ Addition
MAME		☐ Deleze	TITLE NAME	1			☐ Change	Addition
STREET ADORESS				EI AUDHESS				
City-St-Zip			QTY-	-SI-ZP				
	seeth, that the information available wit	h ship filing does not availity fo	y the exe	empaons contained	d in Chapter 119,	Florida Statutes, I as if made under o	further certify that the	information

indicated on this report or supplemental report if the and accurate and that my signature shall have the same legal effect as if made under orab; that I am an officer or director of the corporation or the receiver or trustee employed 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:

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3051825-9680