## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P94000029677

1. Entity Name PROTON REALTY, INC.



**FILED** Mar 02, 2007 08:00 A Secretary of State

Principal Place of Business

7740 S.W. 104TH STREET, STE. 200 MIAMI, FL 33156

7740 S.W. 104TH STREET, STE. 200 MIAMI, FL 33156

Mailing Address



DO NOT WRITE IN THIS SPACE

02192007 No Cha-P CR2E034 (11/05)

4. FEI Number 65-0486772 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

DORSY, CLAUDE 7740 S.W. 104TH STREET, STE. 200 MIAMI, FL 33156

## 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 reinstating)  DATE				
Organicia, typed or printed institute or registered agent and street in applicables (INOTE, neglistered Agent Supration required which registering)				
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS		*	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSY, CLAUDE 7740 S.W. 104TH STREET, STE. 200 MIAMI, FL 33156			
TITLE				
NAME STREET ADDRESS		1	·	U00000652952 03/13/07-80001-005 150.00
CITY-ST-ZIP				03/13/UT00001~005 120.88
TITLE				·
NAME				İ
STREET ADDRESS			DO	NOT WRITE
CITY-ST-ZIP				
TITLE NAME			IN	THIS SPACE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME Street address				
CITY-ST-ZIP				
TITLE				

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:

STREET ADDRESS CITY-ST-ZIP

NING OFFICER OR DIRECTOR