
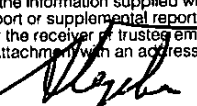


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90159 007 ***150.00

DOCUMENT # P95000051160 1. Entity Name PERSPECTIVE PROPERTIES MANAGEMENT CORPORATION																											
Principal Place of Business 4830 W KENNEDY BLVD 350 TAMPA, FL 33609 US		Mailing Address 4830 W KENNEDY BLVD 350 TAMPA, FL 33609 US																									
2. Principal Place of Business 4830 W. Kennedy Blvd Suite, Apt. #, etc. Suite 730 City & State Tampa, FL Zip 33609		3. Mailing Address 4830 W. Kennedy Blvd Suite, Apt. #, etc. Suite 730 City & State Tamp, FL Zip 33609																									
4. FEI Number 59-3341464		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MELENDI, JOSEPH E 1510 W CLEVELAND ST TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WEIS, STEPHEN N.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4830 W. KENNEDY BLVD. - STE. 350</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33609</td> <td></td> </tr> </table>		TITLE	PST	<input type="checkbox"/> Delete	NAME	WEIS, STEPHEN N.		STREET ADDRESS	4830 W. KENNEDY BLVD. - STE. 350		CITY - ST - ZIP	TAMPA, FL 33609		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">4830 W. Kennedy Blvd # 730</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Tamp, Florida</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>33609</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	4830 W. Kennedy Blvd # 730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Tamp, Florida		STREET ADDRESS	33609		CITY - ST - ZIP		
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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 or without power of attorney.																											
SIGNATURE: 		STEPHEN N. WEIS																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-30-06 Daytime Phone # 813-281-4067																									

50009420

