


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000066187 1. Entity Name LEV-GUR PROPERTIES, INC.	
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Principal Place of Business 8900-8940 TAFT ST PEMBROKE PINES, FL 33024 US	Mailing Address P.O. BOX 403872 MIAMI BEACH, FL 33140 US
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06192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0610933	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 GURFINKEL, SAM 4620 PINE TREE DRIVE MIAMI BEACH, FL 33140
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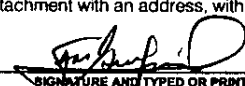
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate)</small>
U00000766832 07/03/07-80002-023 150.00 DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GURFINKEL, SAM P.O. BOX 403872 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIN, AZRIEL P.O. BOX 403872 MIAMI BEACH, FL 33140
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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 all other like empowered.	
SIGNATURE:  SAM GURFINKEL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	6/19/07 305-673-1189 <small>Date Daytime Phone #</small>