

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90404 034 \*\*\*150.00

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<b>DOCUMENT # P96000027152</b>					
1. Entity Name <b>PANTHER MANAGEMENT CORP.</b>					
Principal Place of Business <b>155 S MIAMI AVE PH-2A MIAMI, FL 33130 US</b>			Mailing Address <b>155 S MIAMI AVE PH-2A MIAMI, FL 33130 US</b>		
2. Principal Place of Business - No P.O. Box # <b>333 S. Miami Avenut</b>		3. Mailing Address <b>333 S. Miami Avenue</b>			
Suite, Apt. #, etc. <b>Suite 150</b>		Suite, Apt. #, etc. <b>Suite 150</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>			
Zip <b>33130</b>	Country <b>USA</b>	Zip <b>33130</b>	Country <b>USA</b>	4. FEI Number <b>65-0659919</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			04042007 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent <b>KRINSKY, JEFF 155 S MIAMI AVE PH. IIA MIAMI, FL 33130</b>			7. Name and Address of New Registered Agent		
			Name <b>Krinsky, Jeff</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>333 S. Miami Avenue</b>		
			<b>Suite 150</b>		
			City <b>Miami</b>		
			<b>FL</b>		
			Zip Code <b>33130</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PD</b>	<b>SIRLIN, DANIEL</b> <input checked="" type="checkbox"/> Delete	TITLE <b>PD</b>	<b>Sirlin, Daniel</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>155 S MIAMI AVE PH-2A</b>	<b>MIAMI, FL 33130</b>	STREET ADDRESS <b>333 S. Miami Avenue Ste. 150</b>	<b>Miami, FL 33130</b>		
CITY-ST-ZIP <b>MIAMI, FL 33130</b>		CITY-ST-ZIP <b>Miami, FL 33130</b>			
TITLE <b>VD</b>	<b>KRINSKY, JEFF</b> <input checked="" type="checkbox"/> Delete	TITLE <b>VD</b>	<b>Krinsky, Jeff</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>155 S MIAMI AVE PH-2A</b>	<b>MIAMI, FL 33130</b>	STREET ADDRESS <b>333 S. Miami Ave., Ste. 150</b>	<b>Miami, FL 33130</b>		
CITY-ST-ZIP <b>MIAMI, FL 33130</b>		CITY-ST-ZIP <b>Miami, FL 33130</b>			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:			Date: <b>4-27-07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		