


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90194 026 ***150.00

DOCUMENT # P96000053119	
1. Entity Name MUSEUM PROPERTIES, INC.	

Principal Place of Business 9509 HARDING AVENUE SURFSIDE, FL 33154	Mailing Address 9509 HARDING AVENUE SURFSIDE, FL 33154
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DO NOT WRITE IN THIS SPACE



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0676584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ESKENZI, LYDIA
9509 HARDING AVE
MIAMI, FL 33154

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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** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME BIGELMAN, ANITA
STREET ADDRESS 9509 HARDING AVENUE	CITY-ST-ZIP SURFSIDE, FL 33154
TITLE SD	NAME ESKENAZI, LYDIA
STREET ADDRESS 9509 HARDING AVENUE	CITY-ST-ZIP SURFSIDE, FL 33154
TITLE VD	NAME BIGELMAN, MARVIN
STREET ADDRESS 9509 HARDING AVENUE	CITY-ST-ZIP SURFSIDE, FL 33154
TITLE AVTD	NAME LIEBERMAN, SANDY
STREET ADDRESS 9509 HARDING AVENUE	CITY-ST-ZIP SURFSIDE, FL 33154
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS 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 all other like empowered.

SIGNATURE: LYDIA ESKENAZI 1/6/06 (305) 865-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #