

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053119

Entity Name: MUSEUM PROPERTIES, INC.

FILED
Feb 07, 2009
Secretary of State

Current Principal Place of Business:

9509 HARDING AVENUE
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

9509 HARDING AVENUE
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 65-0676584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESKENZI, LYDIA
9509 HARDING AVE
MIAMI, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BIGELMAN, ANITA
Address: 9509 HARDING AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: SD () Delete
Name: ESKENAZI, LYDIA
Address: 9509 HARDING AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: VD () Delete
Name: BIGELMAN, MARVIN
Address: 9509 HARDING AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: AVTD () Delete
Name: LIEBERMAN, SANDY
Address: 9509 HARDING AVENUE
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYDIA ESKENAZI

SD

02/07/2009

Electronic Signature of Signing Officer or Director

Date