2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # P96000057313 1. Entity Name PANTHER REALTY ADVISORS, INC.)		90236 00)3 ****13	0.00
Principal Place of Business 155 S MIAMI AVE PH-2A MIAMI, FL 33130 US				Mailing Address 155 S MIAMI AVE PH-2A MIAMI, FL 33130 US				IN INIIN NIIN KANA NUNII NOIM) 	188 1 (1 1881
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04212006	Chg-P	CR2E03	4 (11/05)	
City & State				City & State		4. FEI Numb				plied For t Applicable	
Zip	Country			Zip	try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent							7. Name and	d Address of New R	egistered A	gent	
KRINSKY, JEFF 155 S MIAMI AVE						Name Street Address (P.O. Box Number is Not Acceptable)					
STE 4160 - PH. IIA MIAMI, FL 33130											
						City FL Zip Code					
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, hypedocymed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution. 10. OFFICERS AND DIRECTORS							5.00 May Be Ided to Fees				
10.	VP	OFFICERS AND	DIRE			ADDITIONS	/CHANGES TO OFFI				
TITLE NAME	KRINSKY, JEFF			☐ Delele	E				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		AMI AVE PH-2A			ET ADDRESS -ST-ZIP						
TITLE	☐ Defete TIIL					i				Change	Addition
NAME Street address					NAM STRE	ET ADDRESS					
CITY-ST-ZIP		•••		CITY	· ST · ZIP						
TITLE Name	☐ Delete					.				Change	Addition
STREET ADORESS					NAM Stre	ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE NAME				☐ Delete	TITLI	I				☐ Change	☐ Addition
STREET ADDRESS					STRE	ET ADORESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE NAME				☐ Delete	TITL	I				☐ Change	Addition
STREET ADDRESS						et address]
CITY-ST-ZIP						-ST-ZIP					- Addition
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STREET ADDRESS						ET ADDRESS					ļ
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12. I hereby certify that the information supplied with this filling 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.											

4. 16.06 Date

Daytime Phone #