
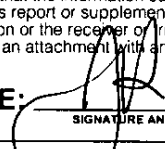


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90404 039 ***150.00

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # P96000097884 1. Entity Name PANTHER 441, INC. | | | |  | |
| Principal Place of Business 155 S MIAMI AVE SUITE PH-2A MIAMI, FL 33130 | | | Mailing Address 155 S MIAMI AVE SUITE PH-2A MIAMI, FL 33130 US | | |
| 2. Principal Place of Business - No P.O. Box # 333 S. Miami Avenue | | 3. Mailing Address 333 S. Miami Avenue | | | |
| Suite, Apt. #, etc. Suite 150 | | Suite, Apt. #, etc. Suite 150 | | | |
| City & State Miami, FL | | City & State Miami, FL | | 4. FEI Number 65-0721091 | |
| Zip 33130 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PANTHER REALTY ADVISORS INC. 155 S MIAMI AVE SUITE PH-2A MIAMI, FL 33130 | | | 7. Name and Address of New Registered Agent Name Panther Realty Advisors, Inc. Street Address (P.O. Box Number is Not Acceptable) 333 S. Miami Avenue Suite 150 City Miami FL Zip Code 33130 | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KRINSKY, JEFF <input type="checkbox"/> Delete 155 S MIAMI AVENUE, SUITE PH-2A MIAMI, FL 33130 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Krinsky, Jeff 333 S. Miami Ave., Ste. 150 Miami, FL 33130 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Delete Sirlin, Daniel 155 S MIAMI AVENUE, SUITE PH-2A MIAMI, FL 33130 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sirlin, Daniel 333 S. Miami Ave., Ste. 150 Miami, FL 33130 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 4-20-07 Daytime Phone # _____ | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |