2006 FOR PROFIT CORPORATION

SIGNATURE:

FILED

•	ANNUAL	REPORT	经 企	a bar ter	Anr 2	25. 200	6 08:00
DOCUMENT # P96000102362 1. Entity Name PAWLIGER OPERATING PROPERTIES, INC.							y of State
Principal Plac	e of Business	Mailing Address		-			÷
12245 SW 1		12245 SW 132 CT					
MIAMI, FL 3	3186	MIAMI, FL 33186					
			. H= >=				
						8 6 #8 # 4#8	
			04112006	No Chg-P	CR2E034 (11/05)	
	O NOT WRITE	CE	4. FEI Numb			Applied For	
				65-071			Not Applicable
				5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current R	egistered Agent	Ţ <u></u>				
LIPCON, N	MITCHELL J		DO	NOT W	DITE		
	TH DADELAND BLVD		טע	NOT W	KIIE		
SUITE 801 MIAMI, FL 33156				IN "	THIS SP	ACE	
8. The above	named entity submits this statement for	the purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flo	orlda. I am famil	iar with, and accept
the obligat	tions of registered agent.						·
SIGNATURE	Signature, typed or printed name of registered agent an	dition if applicable MATE Pageston	id Agent signature require	durbas tainetahan)	<u></u>	DATE	
	algundost (yard or puriod mans or registered agent an	o bite is approached.	K	- ·	<u>L</u> ev	CATE	<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.				.00 May Be ied to Fees	U000 05/06/0	0053234 <mark>5</mark> 6-80081-	004 <u>150.00</u>
10.	OFFICERS AND D	IRECTORS					
TITLE NAME	D PAWLIGER, MICHAEL						
STREET ADDRESS	12245 SW 132 COURT				•		
CITY-ST-ZIP	MIAMI, FL 33186			=	_		-
TITLE NAME							
STREET ADDRESS							
CITY-SI-ZIP							
TITLE NAME							
STREET ADDRESS			ł	DO	NOT W	DITE	
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TITLE NAME				IN .	THIS SF	ACE	
STREET ADDRESS							
CITY-ST-ZIP		<u> </u>]				
TITLE			}				!
NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE			[j
NAME STREET ADDRESS		,					
CITY-ST-ZIP			1				
12. I hereby o	certify that the information supplied with t	nis filing does not qualify for the ex-	emptions contained	d in Chapter 119), Florida Statutes, i	further certify th	at the information
of the cor changed,	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee impor- , or on an attachment with an address, wi	vered to execute this report as requi th all other like empowered.	red by Chapter 60	7, Florida Statute	es; and that my name	appears in Blo	ck 10 or Block 11 if