


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000046114</b>	
1. Entity Name CYPRESS PANTHER, INC.	

Principal Place of Business 800 W CYPRESS CREEK RD FT. LAUDERDALE, FL 33309 US	Mailing Address 155 S MIAMI AVE STE PH-2A MIAMI, FL 33130 US
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  PANTHER REALTY ADVISORS, INC. 155 S MIAMI AVE STE PH-2A MIAMI, FL 33130	<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIRLIN, DANIEL 155 S. MIAMI AVE -STE PH-2A MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRINSKY, JEFF 155 S. MIAMI AVE -STE PH-2A MIAMI, FL 33130
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Jeff Krinsky 4-26-05 305-374-5455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0757576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U000000344749  
04/30/05-80008-019 150.00

**DO NOT WRITE  
IN THIS SPACE**