

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000071086

1. Entity Name
MISTRAL PROPERTIES INC.



Principal Place of Business
**112 SOUTH HIBISCUS ISLAND
MIAMI, FL 33139**

Mailing Address
**LOEB, BLOCK & PARTNERS, LLP
505 PARK AVENUE, 9TH FLOOR
NEW YORK, NY 10022**



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0794964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LANGEN & LANGEN, P.A.
112 SOUTH HIBISCUS ISLAND
MIAMI, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

DATE
05/15/06-80096-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WACKSMAN, LEONARD
STREET ADDRESS	505 PARK AVENUE, 9TH FLOOR
CITY - ST - ZIP	NEW YORK, NY 10022

TITLE	DS
NAME	BERKE, HOWARD
STREET ADDRESS	505 PARK AVE., 9TH FLOOR
CITY - ST - ZIP	NEW YORK, NY 10022

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard Berke, Director 4/19/06 212-755-5510
Date Daytime Phone #