## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 27, 2007 08:00 AN Secretary of State DOCUMENT # P97000081216 PANTHER WOODS REALTY, INC. Principal Place of Business Mailing Address % ESTEIN & ASSOCIATES, U.S.A., LTD. 9402 MEADOWOOD DRIVE FORT PIERCE, FL 34951 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819 04232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0786716 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ESTEIN, LOTHAR DO NOT WRITE 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819 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 regulired when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PRES** TITLE GOLDBERG, LEN NAME STREET ADDRESS 9402 MEADOWOOD DRIVE U00000736334 CITY-ST-ZIP FORT PIERCE, FL 34951 *9*5/10/07-80072-013 ISA.*N*0 ۷P TITLE NAME GOLDBERG, STEPHEN STREET ADDRESS 9402 MEADOWOOD DRIVE CITY-ST-7IP FORT PIERCE, FL 34951 VΡ TITLE DALY, JULIE NAME STREET ADDRESS 9402 MEADOWOOD DRIVE DO NOT WRITE CITY-ST-7IP FORT PIERCE, FL 34951 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

(40)354-3367

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