


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90005 015 ***150.00

DOCUMENT # P97000104537

1. Entity Name
13700 PROPERTIES, INC.



Principal Place of Business
**520 OCEAN BLVD
 GOLDEN BEACH, FL 33160 US**

Mailing Address
**520 OCEAN BLVD
 GOLDEN BEACH, FL 33160 US**

40030416



2. Principal Place of Business - No P.O. Box #
1709 Aoverhill Rd. N.

3. Mailing Address
1709 Aoverhill Rd. N.

Suite, Apt. #, etc.
Unit #1

03032007 Chg-P CR2E034 (12/06)

City & State
WPB, FL

City & State
WPB, FL

4. FEI Number
65-0815566

Applied For
 Not Applicable

Zip
33417

Country
USA

Zip
33417

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLASER, HEDY F
 520 OCEAN BLVD
 GOLDEN BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name
Glaser, Hedy F.

Street Address (P.O. Box Number is Not Acceptable)
1709 Aoverhill Rd. N.

City
**Unit #1
 WPB**

State
FL

Zip Code
33417

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: Hedy Feder Glaser Hedy Feder Glaser 3-5-07
Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEDER-GLASER, HEDY 18815 NE 21ST AVE N MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLACER, RICKEY 3341 N.E. 165TH STREET N MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Feder-Glaser, Hedy 1709 Aoverhill Rd. N. WPB, FL. 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Hedy Feder Glaser Hedy Feder Glaser 3-5-07 305-387-0823
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #