2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90108 029 ***158.75

DOCUMENT # P97000107197

1. Entity Name

FRESH START PROPERTIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 600506 NORTH MIAMI BEACH FL 33160	P.O. BOX 600506 NORTH MIAMI BEACH FL 33160

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0808657 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDEN GREEN, LORRAINE
~~18418 NW 44 PLACE~~ 15300 NE 14th Ct.
~~MIAMI FL 33055~~
NORTH MIAMI Beach, Florida 33162

7. Name and Address of New Registered Agent

Name -
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BRYANT, JULIA M		NAME		
STREET ADDRESS	~~18418 NW 44 PLACE~~		STREET ADDRESS	15300 NE 14th COURT	
CITY-ST-ZIP	~~MIAMI FL 33055~~		CITY-ST-ZIP	NORTH MiAmi Beach, Florida 33162	
TITLE	VSTD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GOLDEN GREEN, LORRAINE		NAME		
STREET ADDRESS	~~18418 NW 44 PLACE~~		STREET ADDRESS	15300 NE 14th COURT	
CITY-ST-ZIP	~~MIAMI FL 33055~~		CITY-ST-ZIP	NORTH MIAMI Beach, FLORIda 33162	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Lorraine Golden Green 4/07/05 305-793-2889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #