

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90093 026 ***158.75

DOCUMENT # P97000107197

1. Entity Name
FRESH START PROPERTIES, INC.



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

Mailing Address
P.O. BOX 600506
NORTH MIAMI BEACH, FL 33160

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

GOLDEN GREEN, LORRAINE
15300 NE 14TH CT
NORTH MIAMI BEACH, FL 33162

moved

Name

Street Address (P.O. Box Number is Not Acceptable)

502 CROTON AVENUE

CITY SEBASTIAN

FL

Zip Code 32958

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

Lorraine Golden Green

4/05/07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BRYANT, JULIA M
STREET ADDRESS 15300 NE 14TH COURT
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

☒ Delete

Died

TITLE ~~VSTO~~ PD
NAME GOLDEN GREEN, LORRAINE
STREET ADDRESS 15300 NE 14TH COURT
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

☒ Delete

502 CROTON AVE
SEBASTIAN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME Golden Green, Lorraine
STREET ADDRESS 502 CROTON AVE
CITY-ST-ZIP SEBASTIAN, FLORIDA 32958

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

Lorraine Golden Green

4/05/07

305-793-2889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

1. DECEASED'S NAME (Last, First, Middle Initial) Mae Bryant		2. SEX Female	
3. DATE OF BIRTH (Month, Day, Year) March 7, 1937		4. DATE OF DEATH (Month, Day, Year) October 7, 2005	
5. SOCIAL SECURITY NUMBER 266-54-4412		6. COUNTY OF DEATH Miami-Dade	
7. PLACE OF DEATH (City and State of Death) Pompano Beach, Florida		8. CITY/TOWN OR LOCATION OF DEATH Aventura	
9. PLACE OF DEATH (Hospital, Clinic, etc.) Aventura Hospital & Medical Center		10. MARITAL STATUS (Specify) Married	
11. RESIDENCE - STATE Florida		12. RESIDENCE - COUNTY Miami-Dade	
13. RESIDENCE - CITY/TOWN OR LOCATION North Miami Beach		14. RESIDENCE - STREET ADDRESS 15100 N.E. 14th Ct.	
15. DECEASED'S USUAL OCCUPATION (Include type of work done during most of working life) Certified Nurse Assistant		16. KIND OF BUSINESS/INDUSTRY Healthcare	
17. DECEASED'S PLACE OF DEATH (Indicate what decedent considered home at time of death)		18. DECEASED'S PLACE OF DEATH (Indicate what decedent considered home at time of death)	
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VOID IF ALTERED OR ERASED

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT PAGE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

C1759947

CERTIFICATION OF VITAL RECORD

OCT 14 2005

HEATSEAL

ATTACHMENT

40073175
#P97000107197



ATTACHMENT

40073175
#P9700107197

4/16/07

Dear Division of Corporations,

I have enclosed a copy of
my mother Julia Bryant, Pd
death Certificate for proof and ID with
my name Lorraine Green on there
as informants.

My request is to please delete
her name off the Corporation

As I Renew as each year @
\$158.75.

Thank you
Lorraine G. Green