

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000107260

1. Entity Name
PRINCE CONGRESS PROPERTIES, INC.



Principal Place of Business
7700 W CAMINO REAL STE. 404
BOCA RATON, FL 33433

Mailing Address
7700 W CAMINO REAL STE. 404
BOCA RATON, FL 33433



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0802666

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAZER, JON G
7700 W. CAMINO REAL STE. 404
BOCA RATON, FL 33433

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

1100000387437
01/19/06-80033-014 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MAZER, JON G
STREET ADDRESS 7700 W. CAMINO REAL #404
CITY- ST- ZIP BOCA RATON, FL 33433

TITLE P
NAME CHANEY, STEVEN L
STREET ADDRESS 7700 W CAMINO REAL #404
CITY- ST- ZIP BOCA RATON, FL 33433

TITLE
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CITY- ST- ZIP

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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

Date

Daytime Phone #

1/12/06

561-951-9550