## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

DOCUMENT # P98000033720

1. Entity Name SECOND PROPERTY MANAGEMENT, INC.



FILED Mar 11, 2004 08:00 AM Secretary of State

Principal Place of Business

5424 NW 90TH TERR SUNRISE, FL 33351 Mailing Address

5424 NW 90TH TERR SUNRISE, FL 33351



03042004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0832491 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MUNIZ, ABERCIO 5424 NW 90TH TERR SUNRISE, FL 33351

SIGNATURE:

## 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  Signature, typed or printed affect of registered agent are table if epithodale. (NOTE projectered Agent signature required when reinstating)						
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P MUNIZ, ABERCIO A 5424 NW 90TH TERR SUNRISE, FL 33351				U00000084973 03/11/04-80029-008 150.00	
TITLE NAME STREET ADDRESS CUTY-ST-ZIP						
itile Hame Street Address City St Zip	1			DO NOT WRITE		
rile Name Street address City-St-Zip				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CHY-ST-ZIP					A William Co.	
12. I hereby certify that the information supplied with this filling 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.						