

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90003 017 ***158.75

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06212006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000058654 1. Entity Name ZADKO PROPERTY MANAGEMENT, INC.					
Principal Place of Business 7400 SW 50TH TERRACE #304 MIAMI, FL 33155			Mailing Address 7400 SW 50TH TERRACE #304 MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 74-2885428	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZADIKOFF, MARINA 7400 SW 50TH TERRACE #304 MIAMI, FL 33155				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZADIKOFF, GERALD 4700 SW 50TH TER #304 MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ZADIKOFF, MARINA 7400 SW 50TH TERR #304 MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ATTAR, MAMIE 7400 SW 50TH TERR #304 MIAMI, FL 33155		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"/> Delete		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"/> Delete		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"/> Delete		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: _____			Date 6/26/06 305-6665775		

ATTACHMENT

40097934

G.M. SELBY & Associates, Inc.

June 26, 2006

Florida Department of State
Division of Corporation
PO Box 6198
Tallahassee, FL 32314

RE: Annual Report Notice

Dear Sir/Madam,

Following my conversation on 6/21/06 with Debra, I am forwarding this letter of explanation.

On March 16th, 2006, I sent an envelop containing two postcards for the Annual Report Notice to request the annual report forms for two separate corporations. I did not receive any response back and we contacted your office on 6/21/06. Debra has forwarded us the forms now, which are included in this correspondence.

With this I am forwarding payment for Document # P98000058654.

Please do not assess late fees, since we had not received the annual report form on time.

Thank you,


Mamie Attar
Administration