## **2007 FOR PROFIT CORPORATION**

## FILED Feb 05, 2007 8:00 am

ANNUAL REPORT					Socratory of State			
DOCUMENT # P9900096524  1. Entity Name				,	Secretary of State 02-05-2007 90091 013 ***150.00			
	PROPERTIES, INC.							
Principal Plac	e of Business	Mailing Address	<u> </u>	-				
822 S.W. 33	RD PLACE	822 S.W. 33RD PLACE						
BOANTON B	EACH, FL 33435	BOYNTON BEACH, FL 33	3435					
2 Principal F	Place of Punisses - No B.O. Boy #	7 Mailine Address						
2. Principal Place of Business - No P.O. Box # 3. I		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01312007	Chg-P	CR2E034 (	12/06)	
City & Stat	Ban-1	City & State	1 5	4. FEI Numbe			<u> </u>	plied For
Zip	Country Country	Jelroy Beur	Country	65-098		<b>t</b> s	75 Add	t Applicable
334	183 USA	33493	4CU		of Status Desired	Fee	Required	
	6. Name and Address of Current I	Registered Agent	ivarne	7. Name and	Address of New R	legistered Ager	1t	
POTAK, PATRICK  MARINA DELRAY			Street Addres	ss (P.O. Box Numb	er is Not Acceptable	3)		
777 PALM TRAIL DELRAY BEACH, FL 33483					· · · · · · · · · · · · · · · · · · ·			
DEERATE	35463		City			<b>-</b>	Zip Code	
The above named entity submits this statement for the purpose of changing its registe			, and the second	stered agent, or ho	th in the State of Flo	rL		
the obligat	tions of registered agent.	, and party of the same of the	ogiotal de la company (ogio	norde agent, or be	in, ar are exact or ra	orida. Tam iami	(C) 47(01,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nod tilla il applicable (NOTE I	Registered Agent signature requ	iron uhan relatation)	1011-2	DATE		
<b></b>	og-sade, types of printed haring of registered agents	into the napplicable. (1401)	undistance whole sihilatare indi					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		55.00 May Be added to Fees				
After M	ay 1, 2007 Fee will be \$550.0 OFFICERS AND	Trust Fund Contrib DIRECTORS	oution. A	55.00 May Be added to Fees	CHANGES TO OFF	ICERS AND DIP		
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12. I hereby certify that the information supplied with this filling does not indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute changed, or on an attachment with an address, with attaining the empower of the corporation of the corp defily for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information must make the same legal effect as if made under oath; that I am an officer or director must repeat as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-976-7666 Daysone Phone \*