

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P99000099499

1. Entity Name
AZTEC PROPERTY CORP.



Principal Place of Business
**2665 S BAYSHORE DRIVE PH-IIA
MIAMI, FL 33133**

Mailing Address
**2665 S BAYSHORE DRIVE PH-IIA
MIAMI, FL 33133**



03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0968038

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KATZ, EZRA
2665 S BAYSHORE DRIVE PH-IIA
MIAMI, FL 33133**

**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 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000912289

05/07/08 60075-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KATZ, EZRA
STREET ADDRESS	2665 S BAYSHORE DRIVE PH-IIA
CITY- ST- ZIP	MIAMI, FL 33133
TITLE	ST
NAME	SHWAKE, LINDA S
STREET ADDRESS	2665 S BAYSHORE DRIVE PH-2A
CITY- ST- ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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 an officer like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08

Date

305-938-8627

Daytime Phone #