

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S45738

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: PROPERTY IMPROVEMENTS, INC.

**Current Principal Place of Business:**

P.O. BOX 246266  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

4611 S. UNIVERSITY DRIVE #451  
DAVIE, FL 33328

**Current Mailing Address:**

P.O. BOX 246266  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

4611 S. UNIVERSITY DRIVE #451  
DAVIE, FL 33328

FEI Number: 65-0268385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAGANA, JUAN  
6830 SW 16 STREET  
PEMBROKE PINES, FL 33023 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAGANA, JUAN,  
Address: 6830 S.W. 16TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN MAGANA

PD

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date