

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2007 8:00 am**  
**Secretary of State**

08-10-2007 90047 033 \*\*\*150.00

**DOCUMENT # V42106**

1. Entity Name  
**NEW FLORIDA PROPERTIES CORPORATION**



Principal Place of Business

**4779 COLLINS AVE  
SUITE 401**

**MIAMI BEACH, FL 33140 US  
C/O TEW CARDENAS, LLP  
1441 BRICKELL AVE., 15TH FL.  
MIAMI, FL 33131**

Mailing Address

**4779 COLLINS AVE  
SUITE 505**

**MIAMI BEACH, FL 33140 US  
C/O TEW CARDENAS, LLP  
1441 BRICKELL AVE., 15TH FL.  
MIAMI, FL 33131**

**60054518**



08072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0337692**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS R LEHMAN, P.A.  
TEW CARDENAS, LLP  
1441 BRICKELL AVE, 15TH FL  
MIAMI, FL 33131-3407**

**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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
ATHAYDE, MUCIO  
4775 COLLINS AVE.  
MIAMI BEACH, FL 33140  
C/O TEW CARDENAS, LLP  
1441 BRICKELL AVE., 15TH FL.  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
ATHAYDE, DANTON  
4779 COLLINS AVE., #507  
MIAMI BEACH, FL 33140  
C/O TEW CARDENAS, LLP  
1441 BRICKELL AVE., 15TH FL.  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Thomas R. Lehman, P.A.* 8/7/07 305-5361111 x2