

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V42106

1. Entity Name
NEW FLORIDA PROPERTIES CORPORATION



Principal Place of Business
C/O TEW CARDENAS,LLP.
1441 BRICKELL AVE., 15TH FLOOR
MIAMI, FL 33131 US

Mailing Address
C/O TEW CARDENAS,LLP.
1441 BRICKELL AVE., 15TH FLOOR
MIAMI, FL 33131 US

FILED
Aug 21, 2008 08:00 AM
Secretary of State



06162008 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.
C/O TEW CARDENAS,LLP.
1441 BRICKELL AVE., 15TH FLOOR
MIAMI, FL 33131

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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

U000000958148
08/21/08-80005-020 550.00

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ATHAYDE, DANTON
C/O TEW CARDENAS 1441 BRICKELL AVE.15TH FL
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

DANTON ATHAYDE

Date

Daytime Phone #

6/19/2008