


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90139 024 ***150.00

DOCUMENT # P97000040503

1. Entity Name
IAFRATE FLORIDA PROPERTIES, INC.



Principal Place of Business 26400 SHERWOOD WARREN, MI 48091	Mailing Address 26400 SHERWOOD WARREN, MI 48091
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50006977



2. Principal Place of Business 1755 20th Avenue SE	3. Mailing Address 1755 20th Avenue SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

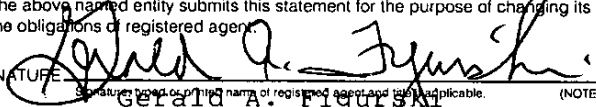
02152006 Chg-P CR2E034 (11/05)

City & State Largo, FL	City & State Largo, FL	4. FEI Number 59-3448424	Applied For <input type="checkbox"/> Not Applicable
Zip 33771	Country USA	Zip 33771	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	Name Gerald A. Figurski, Esquire
	Street Address (P.O. Box Number is Not Acceptable) FIGURSKI & HARRILL
	2550 Permit Place
	City New Port Richey FL Zip Code 34655

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:  **Gerald A. Figurski** (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	PD IAFRATE, DOMINIC 26400 SHERWOOD WARREN, MI 48091 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IAFRATE, ANGELO E 26400 SHERWOOD WARREN, MI 48091 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIEHNAW, MICHAEL 26400 SHERWOOD WARREN, MI 48091 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address) 1755 20th Avenue SE Largo, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address) 1755 20th Avenue SE Largo, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary/Treasurer Angelo Iafrate 1755 20th Avenue SE Largo, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changes empowered.

SIGNATURE:  **Dominic Iafrate, President**

Date: **13/10/2006** Daytime Phone # _____