## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 248119** 

WOODCREST TERRACE APARTMENTS INC

FILED Apr 27, 2009 Secretary of State

Entity Name: WOODCREST TERRACE APARTMENTS INC						
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
615 SOUTH RIVERSIDE DRIVE APT 9 POMPANO BEACH, FL 33062						
Current Mailing Address:			New Maili	New Mailing Address:		
615 SOUTH RIVERSIDE DRIVE APT 9						
	BEACH, FL 3	3062				
FEI Number:	59-1454410	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
RAPP, PATRICIA 615 S RIVERSIDE DR , APT 9 POMPANO BCH, FL 33062 US			615 S RIVE APT.9	RAPP, PATRICIA 615 S RIVERSIDE DR APT.9 POMPANO BCH, FL 33062 US		
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered	office or registered agent, or both,	
SIGNATURE:				04/27/2009		
	Electroni	c Signature of Registered Agen	t		Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	T/V () RAPP, PATRICIA 615 S RIVERSIE POMPANO BCH	DE DR, APT 9	Title: Name: Address: City-St-Zip:	RAPP, PATRI 615 S RIVERS	X) Change ()Addition CIA SIDE DR, APT 9 CH, FL 33062	
Title: Name: Address: City-St-Zip:	S/P () CARTER, DEWA 615 S RIVERSIE POMPANO BEAR	DE DR, APT 10	Title: Name: Address: City-St-Zip:	KING, CONNII 26081 NORT	X) Change ()Addition E IH OCEAN BLVD. EACH, FL 33062	
Title: Name: Address: City-St-Zip:	MANDRAVELLO	ITO PARK RD, STE 300	Title: Name: Address: City-St-Zip:	VERSE, SELN	NING TREE CIRCLE	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	EPIFANIO, JO	ELERS PALM LANE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MANDRAVELI 100 SE 3RD A	) Change (X) Addition LOS, TONY AVE - 17TH FLOOR RDALE, FL 33394	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA RAPP T 04/27/2009