

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 327468

FILED  
May 31, 2005  
Secretary of State

Entity Name: GLADYS APARTMENTS, INC.

## Current Principal Place of Business:

1116 NW 50 DRIVE  
POMPAN0 BEACH, FL 33110

## New Principal Place of Business:

16400 NE 29 AVENUE  
NORTH MIAMI BEACH, FL 33160

## Current Mailing Address:

1116 NW 50 DRIVE  
POMPAN0 BEACH, FL 33110

## New Mailing Address:

16400 NE 29 AVENUE  
NORTH MIAMI BEACH, FL 33160

FEI Number: 59-1230835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARAZOZA, COMAS DE TORRE  
101 MADERIA AVE  
CORAL GABELS, FL 33134 US

## Name and Address of New Registered Agent:

ARAZOZA, COMAS DE TORRE  
2100 SALZEDO STREET  
SUITE 300  
CORAL GABELS, FL 33134 US

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:

05/31/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SUERO, HEIDI G  
Address: 3860 N. 51ST AVE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: WALSH, CARMEN  
Address: 1116 NW 50 DR.  
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SUERO, HEIDI G  
Address: 15356 SW 40 STREET  
City-St-Zip: DAVIE, FL 33331

Title: VP (X) Change ( ) Addition  
Name: GOMEZ, RODOLFO A  
Address: 16400 NE 29 AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: SEC ( ) Change (X) Addition  
Name: MARIN, AURELIA  
Address: 16400 NE 29 AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: HEIDI G SUERO

PD

05/31/2005

Electronic Signature of Signing Officer or Director

Date