

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90142 001 \*\*\*150.00  
 08-09-2004 90142 002 \*\*\*400.00

**DOCUMENT # 331343**

1. Entity Name  
 PACIFIC 9TH STREET APARTMENTS, INC.



Principal Place of Business: C/O PACIFIC R E MGMT CORP, 2600 DOUGLAS RD, #1004, MIAMI, FL 33134 US  
 Mailing Address: C/O PACIFIC R E MGMT CORP, 2600 DOUGLAS RD, #1004, MIAMI, FL 33134 US



07132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-2617356		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA 25 S.E. SECOND AVENUE, SUITE #900 MIAMI, FL 33131				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				FL		Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	Maria del Carmen Noelia	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHULTHEIS, THEODORE			NAME	2600 Douglas Road, Suite 1009		OFFICER
STREET ADDRESS	2600 DOUGLAS RD			STREET ADDRESS	Coral Gables, FL 33134		
CITY-ST-ZIP	MIAMI, FL 33134			CITY-ST-ZIP			
TITLE	VPTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ISAIAS, ESTEFANO			NAME			
STREET ADDRESS	2600 DOUGLAS RD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33134			CITY-ST-ZIP			
TITLE	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ISAIAS, ROBERTO			NAME			
STREET ADDRESS	2600 DOUGLAS RD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33134			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ISAIAS, WILLIAM			NAME			
STREET ADDRESS	2600 DOUGLAS RD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33134			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_