

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90031 042 \*\*\*150.00



**DOCUMENT # 331343**  
 1. Entity Name  
**PACIFIC 9TH STREET APARTMENTS, INC.**

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



2. Principal Place of Business      3. Mailing Address  
**396 ALHAMBRA CIRCLE**      **396 ALHAMBRA CIRCLE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**100**      **100**

City & State      City & State  
**CORAL GABLES FL**      **CORAL GABLES FL**

Zip      Country      Zip      Country  
**33134**      **US**      **33134**      **US**

01102006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**13-2617356**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**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  
**MURAI, WALD, BIONDO, MORENO & BROCHIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2 ALHAMBRA PLAZA PENTHOUSE 1B**  
 City      State      Zip Code  
**CORAL GABLES      FL      33134**

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

**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	VP	<input type="checkbox"/> Delete
NAME	CARMEN MORIA, MARIA DEL	
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 1009	
CITY-ST-ZIP	CORAL GABLES, FL 33139	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	ISAIAS, ESTEFANO	
STREET ADDRESS	2600 DOUGLAS RD	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	ISAIAS, ROBERTO	
STREET ADDRESS	2600 DOUGLAS RD	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ISAIAS, WILLIAM	
STREET ADDRESS	2600 DOUGLAS RD	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	396 ALHAMBRA CIRCLE STE 100	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	396 ALHAMBRA CIRCLE STE 100	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	396 ALHAMBRA CIRCLE STE 100	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

**SIGNATURE:** \_\_\_\_\_      **02/09/2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #