

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT



FILED
07 AUG 15 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 331343		1. Entity Name PACIFIC 9TH STREET APARTMENTS, INC.	
Principal Place of Business 396 ALHAMBRA CIR 100 MIAMI, FL 33134 US		Mailing Address C/O PACIFIC R E MGMT CORP 100 MIAMI, FL 33134 US	
2. Principal Place of Business - No P.O. Box # c/o Pacific RE Mgmt Corp. 100		3. Mailing Address c/o Pacific RE Mgmt Corp. Suite	
Suite, Apt. #, etc. 396 Alhambra Circle, Suite		Suite, Apt. #, etc. 396 Alhambra Circle, 100	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134		Country USA	
Country USA		Zip 33134	
Country USA		Country USA	
4. FEI Number 13-2617356		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA 2 ALHAMBRA PLAZA PENTHOUSE 1B MIAMI, FL 33134		Name 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 _____			
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARMEN MORIA, MARIA DEL 396 ALHAMBRA CIR STE 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Morla, Maria del Carmen 396 Alhambra Circle, Suite 100 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD ISAIAS, ESTEFANO 396 ALHAMBRA CIR STE 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ISAIAS, ROBERTO 396 ALHAMBRA CIR STE 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800108387898 08/21/07--01054--022 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ISAIAS, WILLIAM 396 ALHAMBRA CIR STE 100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 8/16/07
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 other like empowered.			
SIGNATURE: _____		Date 07-17-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			