

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# 702839

Entity Name: BALMORAL APARTMENTS INC

Current Principal Place of Business:

350 COLLINS AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

PO BOX 841437
PEMBROKE PINES, FL 33184

New Mailing Address:

FEI Number: 59-1034138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, LINDA
LJ SERVICES GROUP
1045 KANE CONCOURSE #216
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BECK, SAM
Address: 350 COLLINS AVE., APT. 104
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: MILAN, MICHAEL
Address: 350 COLLINS AVE, APT 102
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD () Delete
Name: DE SANTIS, NICOLE
Address: 350 COLLINS AVE. APT. 307
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: RODRIGUEZ, MANUEL
Address: 350 COLLINS AVE., APT. 105
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: GONZALEZ, LUIS
Address: 350 COLLINS AVE. APT. 204
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: MILAN, MICHAEL
Address: 350 COLLINS AVE #102
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: RODRIGUEZ, MANUEL
Address: 350 COLLINS AVE., APT. 105
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD (X) Change () Addition
Name: GONZALEZ, LUIS
Address: 350 COLLINS AVE. APT. 204
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MILAN

PD

04/16/2007

Electronic Signature of Signing Officer or Director

Date