


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90034 015 \*\*\*\*\*75.00

**DOCUMENT # 735950**  
 1. Entity Name  
**SOUTHEND APARTMENTS, INC.**



Principal Place of Business      Mailing Address  
 927 S.G. STREET      927 S.G. STREET  
 SUITE 7      SUITE 7  
 LAKE WORTH FL 33460      LAKE WORTH FL 33460

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1690661**      Not Applicable

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

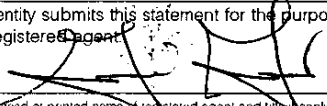


1st MOORE      CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**AWAD, AMINE**  
**927 SOUTH G STREET #7**  
**LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent  
 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:       DATE: **April 08-05**

Signature typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	REPO, KARI	
STREET ADDRESS	P.O. BOX 740646	
CITY-ST-ZIP	BOYNTON BEACH FL 33474-0646	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	AWAD, AMINE F	
STREET ADDRESS	927 SOUTH "G" ST #7	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	REPO, EVA MRS	
STREET ADDRESS	P.O. BOX 740646	
CITY-ST-ZIP	BOYNTON BEACH FL 33474-0646	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Same</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Same</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Same</i>
STREET ADDRESS	
CITY-ST-ZIP	
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 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 617, 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: **April 08-05**      DAYTIME PHONE #: **561-5476202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #