

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90026 042 ****75.00



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

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



2. Principal Place of Business 3. Mailing Address
927 S.G. Street *927 S.G. Street*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt 7 *APT 7*

1st MOORE CR2E037 (10/05)

City & State City & State
Lake worth FL *Lake worth FL*
 Zip Country Zip Country
33460 U.S.A *33460 U.S.A*

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

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

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 *[Signature]* DATE **JAN 27-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPO KARI	
STREET ADDRESS	P.O. BOX 740646	
CITY-ST-ZIP	Boytan Beach FL 33474-0646	
TITLE	VPTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AWAD AMINE.F	
STREET ADDRESS	927 South "G" St #7	
CITY-ST-ZIP	Lake worth FL 33460	
TITLE	VPSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPO EVA Mrs	
STREET ADDRESS	P.O. BOX 740646	
CITY-ST-ZIP	Boytan Beach FL 33474-0646	
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 Section 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 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: *[Signature]* **JAN 27-06**