


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90018 002 ****75.00

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



Principal Place of Business 927 S.G. STREET SUITE 7 LAKE WORTH FL 33460	Mailing Address 927 S.G. STREET SUITE 7 LAKE WORTH FL 33460
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1690661	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
State 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	REINA YANEZ	Vice President		<input type="checkbox"/>	<input type="checkbox"/>
	PRESIDENT	AMINE.F. AWAD		<input type="checkbox"/>	<input type="checkbox"/>
	Mrs MEMOSE JOSEPH	Secretary - Treasurer		<input type="checkbox"/>	<input type="checkbox"/>
	VICTOR AQUILAR	DIRECTOR		<input type="checkbox"/>	<input type="checkbox"/>
	TUULIKKI HOUKKANEN	Director		<input type="checkbox"/>	<input type="checkbox"/>
	EWA MERCADO	DIRECTOR		<input type="checkbox"/>	<input type="checkbox"/>

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:  **AMINE.F. AWAD** Jan 19-07 5476202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #