

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 13, 2009  
Secretary of State**

DOCUMENT# 735950

Entity Name: SOUTHEND APARTMENTS, INC.

**Current Principal Place of Business:**

927 S.G. STREET  
SUITE 7  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

927 S.G. STREET  
SUITE 7  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 59-1690661      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

AWAD, AMINE  
927 SOUTH G STREET #7  
LAKE WORTH, FL 33460      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: VP      ( ) Delete  
Name: YANEZ, REINA  
Address: P.O. BOX 740646  
City-St-Zip: BOYNTON BEACH, FL 334740646

Title: P      ( ) Delete  
Name: AWAD, AMINE F  
Address: 927 SOUTH  
City-St-Zip: LAKE WORTH, FL 33460

Title: ST      ( ) Delete  
Name: MEMOSE, JOSEPH  
Address: P.O. BOX 740646  
City-St-Zip: BOYNTON BEACH, FL 334740646

**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:

I hereby certify that the information supplied with this filing does not qualify 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: AMINE F. AWAD

P

07/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date