
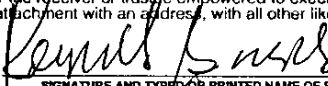


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90027 028 ***150.00

DOCUMENT # P05000048791					
1. Entity Name GARDEN DEL REY APARTMENT, INC.					
Principal Place of Business 4113 RICHMERE ST. TAMPA, FL 33617			Mailing Address 4113 RICHMERE ST. TAMPA, FL 33617		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2680396	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GONZALEZ, REYNALDO A II 4113 RICHMERE ST. TAMPA, FL 33617				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GONZALEZ, REYNALDO A	NAME			
STREET ADDRESS	4113 RICHMERE ST.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GONZALEZ, REYNALDO A II	NAME			
STREET ADDRESS	4113 RICHMERE ST.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAWK, CARMEN E	NAME			
STREET ADDRESS	4113 RICHMERE ST.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CABRERA, MICHAEL J	NAME			
STREET ADDRESS	4113 RICHMERE ST.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHRONIS, BARBARA L	NAME			
STREET ADDRESS	4113 RICHMERE ST.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GADOMSKI, LIZZETTE E	NAME			
STREET ADDRESS	4113 RICHMERE ST.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: 		3-14-06			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	