


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-24-2005 90056 021 \*\*\*150.00

**DOCUMENT # P94000060914**  
 1. Entity Name  
**ALLISON APARTMENTS - 4300, INC.**



Principal Place of Business 7520 RED RD STE G1 MIAMI, FL 33143	Mailing Address 7520 RED RD STE G1 MIAMI, FL 33143
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**DO NOT WRITE IN THIS SPACE**



08112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0517375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  
 VALENCIA, CLARA  
 7520 RED RD STE G1  
 MIAMI, FL 33143

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANK, CATHY 9520 RED RD STE G1 MIAMI, FL 33143
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**DO NOT WRITE IN THIS SPACE**

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 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: Cathy Blank 8-15-05 305-6639908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
50063180

ALLISON APARTMENTS 4300 INC.  
7520 Red Road, Suite G-1  
Miami, FL 33143  
(305) 663-9908  
Fax (305) 663-9024

August 15<sup>th</sup>, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

REF: # P94000060914

To Whom it May Concern:

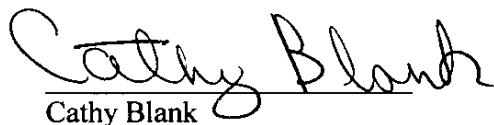
On June 17<sup>th</sup>, 2005 your office was contacted in reference to not receiving the annual report form to file.

We received the form the following week requesting a fee of \$150.

We also went to the website and downloaded the proper forms and have indicated non-receipt of proper notice, too.

If you need further information please contact us at (305) 663-9908.

Sincerely,

  
Cathy Blank

ATTACHMENT

50063180



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 17, 2005

ALLISON APARTMENTS - 4300, INC.  
7520 RED RD  
STE G1  
MIAMI, FL 33143

SUBJECT: ALLISON APARTMENTS - 4300, INC.  
Ref. Number: P94000060914

Pursuant to our telephone conversation of June 17, 2005, I am enclosing your annual report form.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts  
Document Specialist

Letter Number: 505A00041989