


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

06-18-2004 90004 016 \*\*\*150.00  
 09-20-04 - 01077 - 002 \*\*\*\$400.00

**DOCUMENT # P95000062608**

1. Entity Name  
**RENEDO APARTMENTS, INC.**



Principal Place of Business <b>8500 S.W. 8 STREET          SUITE #228          MIAMI, FL 33144 US</b>	Mailing Address <b>8500 S.W. 8 STREET          SUITE #228          MIAMI, FL 33144 US</b>
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**54058036**



06142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0405330</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M  
 782 N.W. LEJEUNE ROAD  
 SUITE 458  
 MIAMI, FL 33126**

**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 \$550.00  
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRAN, MANUEL A 8460 SW 5 ST MIAMI, FL 33144
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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 officers, directors, or trustees empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Attachment 57058036

**RENEDO APARTMENTS**

**8500 SW 8 St.  
Suite#228  
Miami, FL 33144  
(305) 262-6533**

June 11, 2004

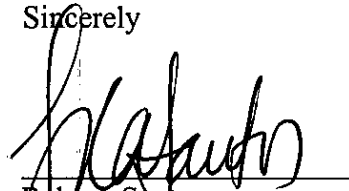
Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

Re: Renedo Apartments  
Document #P95000062

To Whom It May Concern:

At this time we are requesting that the late fee be waived, for the above-mentioned property. Due to unforeseen circumstances, an accounts payable employee we recently let go did not process these documents for payment. On June 11, 2004 we discovered these reports were unpaid we called the FDOS department who instructed us to write this letter.

Sincerely

  
Rebeca Santos  
Administrative Asst.