## **FILED 2008 FOR PROFIT CORPORATION** Apr 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P95000062608** 1. Entity Name RENEDO APARTMENTS, INC. Principal Place of Business Mailing Address 8500 S.W. 8 STREET 8500 S.W. 8 STREET **SUITE #228** SUITE #228 MIAMI, FL 33144 US MIAMI, FL 33144 No Chg-P CR2E034 (11/05) 04222008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0405330 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARQUEZ, JOSE M DO NOT WRITE 782 N.W. LEJEUNE ROAD **SUITE 458** IN THIS SPACE MIAMI, FL 33126 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 reinstating) DATE \$5.00 May Be

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

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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DO NOT WRITE IN THIS SPACE

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 on the true 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 I further certify 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 I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes II further certify 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 II further certify 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 II further certify 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 II further certification in the receiver of the corporation or the receiver of the rec

SIGNATURE:

ITED NAME OF SIGNING OFFICER OR DIRECTOR

Date