

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V09213**  
 1. Entity Name  
**83 APARTMENT CORPORATION**



Principal Place of Business      Mailing Address  
**2701 LE JEUNE RD**                      **2701 LE JEUNE RD**  
**410**                                              **410**  
**CORAL GABLES, FL 33134**              **CORAL GABLES, FL 33134**



03122003      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0340683</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**DE OLIVEIRA, CRISTINA**  
**2701 LE JEUNE RD**  
**SUITE 345**  
**CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when re-registering)      DATE \_\_\_\_\_

**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

**U00000161119**  
**05/20/04-80006-010 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>MESA, RAUDEL</b> <b>2701 LE JEUNE ROAD, SUITE 345</b> <b>CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MESA, RENALDO</b> <b>2701 LE JEUNE ROAD, SUITE 345</b> <b>CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: R. MESA      **RENALDO MESA STD**      **5-16-04**      **305-6083957**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #