
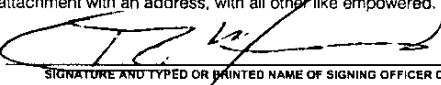


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90292 023 \*\*\*150.00

DOCUMENT # V09213			
1. Entity Name 83 APARTMENT CORPORATION			
Principal Place of Business 2701 LE JEUNE RD 410 CORAL GABLES, FL 33134		Mailing Address 2701 LE JEUNE RD 410 CORAL GABLES, FL 33134	
2. Principal Place of Business 804 DOUGLAS ROAD		3. Mailing Address 804 DOUGLAS ROAD	
Suite, Apt. #, etc. 565		Suite, Apt. #, etc. 565	
City & State CORAL GABLES FL		City & State CORAL GABLES FL	
Zip 33134	Country	Zip 33134	Country
6. Name and Address of Current Registered Agent DE OLIVEIRA, CRISTINA 2701 LE JEUNE RD SUITE 345 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 804 DOUGLAS ROAD 565 City CORAL GABLES FL Zip Code 33134	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	PID MESA, RAUDEL <input type="checkbox"/> Delete 2701 LE JEUNE ROAD, SUITE 345 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MESA RAUDEL 804 DOUGLAS ROAD 565 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MESA, RENALDO <input type="checkbox"/> Delete 2701 LE JEUNE ROAD, SUITE 345 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition MESA RENALDO 804 DOUGLAS ROAD 565 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 5/08/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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04282006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0340683 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required