

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V09213

FILED
Apr 16, 2009
Secretary of State

Entity Name: 83 APARTMENT CORPORATION

Current Principal Place of Business:

804 DOUGLAS RD STE 565 STE 565
CORAL GABLES, FL 33134

New Principal Place of Business:

4114 NW 4TH TERRACE
MIAMI, FL 33126

Current Mailing Address:

804 DOUGLAS RD STE 565 STE 565
CORAL GABLES, FL 33134

New Mailing Address:

4114 NW 4TH TERRACE
MIAMI, FL 33126

FEI Number: 65-0340683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE OLIVEIRA, CRISTINA
804 DOUGLAS RD STE 565
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MESA, RAUDEL
Address: 804 DOUGLAS RD STE 565
City-St-Zip: MIAMI, FL 33134

Title: STD () Delete
Name: MESA, RENALDO
Address: 804 DOUGLAS RD STE 565
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENALDO MESA

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date