2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M17536

1. Entity Name
676 APARTMENTS CORPORATION

Principal Place of Business	Mailing Address
676 SW 2ND STREET MIAMI, FL 33130 US	16621 NW 77TH PLACE MIAMI, FL 33016

DO NOT WRITE IN THIS SPACE

04292004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2548208	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAZ, MARTA
16621 N.W. 77TH PLACE
MIAMI, FL 33016

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PAZ, ORLANDO
STREET ADDRESS	16621 N.W. 77TH PLACE
CITY-ST-ZIP	MIAMI, FL 33016

TITLE	T
NAME	PAZ, MARTA
STREET ADDRESS	16621 N.W. 77TH PLACE
CITY-ST-ZIP	MIAMI, FL 33016

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80129-011 150.00

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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)(i), 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: x _Marta Paz_   4/30/04   305-231-6117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

(MARTA PAZ (Secretary))