2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P03000008106				Apr 27, 2005 08:00 AM Secretary of State					
FLORIDA MULTIFAMILY INC.	india.				Secretary	y of Sta	ue		
Principal Place of Business	Mailing Address	L							
100 ALMERIA AVE.,	100 ALMERIA AVE.,								
206		2124							
CORAL GABLES FL 33134	CORAL GABLES FL 3	3134							
Principal Place of Business									
Suite, Apt. #, etc.	Suite, Apt #, etc.		1s	t MOORE C	R2E034 (10/		- :		
City & State	City & State			4. FEI Numb	er 86-1107513		1 1 2 de la	olied For Applicate	
Zip Country	Zip	Zip Country		5. Certificate	of Status Desired		75 Addi Required		
6. Name and Address of Current Registered Agent				7. Name and	Address of New Re	gistered Agent			
			ie						
ARELLANO LAMAR, PEDRO P, S, T 100 ALMERIA AVE.,			et Address (P O. Box Numb	er is Not Acceptable)				
SUITE 206 CORAL GABLES FL 33134									
GOTTAL MADELES TE 30704		City				FL Z	ip Code		
The above named entity submits this statement for the obligations of registered agent.	r the purpose of changing its	s registered offic	e or register	ed agent, or bo	th, in the State of Flori	ida. I am famili	ar with, a	and accer	
SIGNATURE Signature, typed or printed name of registered agent.	TON) eldes/lage his bins	TE Registered Agent s	ignature reduited	when wenstating)		DATE			
FiLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00		<u> </u>			Election Campail Trust Fund Contr		•	00 May B: d to Fees	
Make Check Payable to Florida Department of			, -	ADDITIONS	/CHANGES TO OFFIC	TOO AND DID	- COTODO	SIRITA Á	
10. OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFIC		Change	<u>∏</u> Addiii;	
		NAME				_	•	_	
SIRELI ADDRESS 100 ALMERIA AVE., SUITE 206		STREET ADDRE	zz:	.U00000335734 04/27/05-80100-002 150.00		٠			
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NAME		NAME							
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CHY-ST-ZIP		CHTY ST ZIP						 + .	
12. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee amp changed, or on an attachment with an address,	n this filling does not qualify to style and acquirate and that overed to execute this repor with all other like empowered	or the exemption my signature sh it as required by d.	stated in Se all have the Chapter 60	ection 119.07(3 same legal effe 7, Florida Statut)(i), Florida Statutes 1 ict as if made under or es; and that my name	further certify the ath, that I am ar appears in Blo	at the in officer ck 10 or	nformation or director Block 11 if	

NG OF OCER OR DIRECTOR

FILED

4/34/05 305-476-4933 Date Daytime Phone #