


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # F98000004312 1. Entity Name BLDG FLORIDA APARTMENT CORP.	
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Principal Place of Business 417 FIFTH AVE 4TH FLOOR NEW YORK, NY 10016	Mailing Address 417 FIFTH AVE 4TH FLOOR NEW YORK, NY 10016
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DO NOT WRITE IN THIS SPACE

03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4016455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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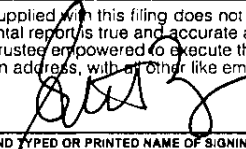
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDMAN, LLOYD 417 FIFTH AVE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDMAN, KATJA 417 FIFTH AVE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDMAN, DORIAN 417 FIFTH AVE NEW YORK, NY 10016
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04/08/08-80016-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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 or without other like empowered.

SIGNATURE:  **3/3/08**

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