

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011378

FILED
Feb 18, 2009
Secretary of State

Entity Name: P&S APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

410 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

410 EUCLID AVENUE
APT #4
MIAMI BEACH, FL 33139

Current Mailing Address:

410 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

410 EUCLID AVENUE
APT #4
MIAMI BEACH, FL 33139

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE WALL MANAGEMENT CORP
1440 J F KENNEDY CAUSEWAY
429 C
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

JAMES, PROSCIA TREASUR
350 COLLINS AVE
APT 302
MIAMI BEACH, FL 33139 US

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: JAMES PROSCIA

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLORADO, ELIAS
Address: 410 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: GORGES, DESMOND
Address: 410 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: VAZQUEZ, LOUIS
Address: 410 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: PROSCIA, JAMES
Address: 410 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: MICHELE, PACIFICO
Address: 410 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES PROSCIA

TREA

02/18/2009

Electronic Signature of Signing Officer or Director

Date