# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 11, 2005**
**Secretary of State**

DOCUMENT# 181032

**Entity Name:** AVONDALE APARTMENTS, INC

**Current Principal Place of Business:**

10170 COLLINS AVE
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

10170 COLLINS AVE
#9
BAL HARBOUR, FL 33154

**New Mailing Address:**

**FEI Number: 59-0745155** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALFONSO, JOSE T
10170 COLLINS AVE,
BAL HARBOUR, FL 33154 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: | T | ( ) Delete |
| Name: | ALFONSO, JOSE T | |
| Address: | 10170 COLLINS AVE. | |
| City-St-Zip: | BAL HARBOUR, FL 33154 | |
| Title: | VP | ( ) Delete |
| Name: | CLEVELAND, BLANCHE | |
| Address: | 10170 COLLINS AVE #11 | |
| City-St-Zip: | BAL HARBOUR, FL | |
| Title: | S | ( ) Delete |
| Name: | ALFONSO, JOSE T. | |
| Address: | 10170 COLLINS AVE 39 | |
| City-St-Zip: | BAL HARBOUR, FL | |
| Title: | D | ( ) Delete |
| Name: | UMAÑA, AMALIA M | |
| Address: | 10170 COLLINS AVE. #1 | |
| City-St-Zip: | BAL HARBOUR, FL 33154 US | |
| Title: | P | ( ) Delete |
| Name: | FEAGAN, THOMAS | |
| Address: | 10170 COLLINS AVE #2 | |
| City-St-Zip: | BAL HARBOUR, FL 33154 | |
| Title: | D | ( ) Delete |
| Name: | HARHAI, CHERYL | |
| Address: | 10170 COLLINS AVE #12 | |
| City-St-Zip: | BALHARBOUR, FL 33154 | |

**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: | ( ) 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 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 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: JOSE TAIN-ALFONSO PRES 01/11/2005

Electronic Signature of Signing Officer or Director — Date