

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 181032

FILED
Jan 17, 2006
Secretary of State

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
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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 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 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

P

01/17/2006

Electronic Signature of Signing Officer or Director

_____ Date