2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 201762

FILED Apr 30, 2004 Secretary of State

Entity Name: MEDITERRANEAN APARTMENTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 9101 E BAY HARBOR DR MIAMI BEACH, FL 33154 **Current Mailing Address: New Mailing Address:** 9101 E BAY HARBOR DR MIAMI BEACH, FL 33154 FEI Number: 59-0838613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEIN, GERT 9101 E BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: STEIN, GERT Name: 9101 E BAY HARBOR DRIVE, APT 405 Address: Address: City-St-Zip: BAY HARBOR ISLAND, FL 33154 City-St-Zip: Title: VPD Title: TD () Delete (X) Change () Addition DIVITO, TONY Name: DIVITO, TONY Name: 9101 E BAY HARBOR DR APT 801 9101 E BAY HARBOR DR APT 801 Address: Address: BAY HARBOR ISLAND, FL 33154 BAY HARBOR ISLAND, FL 33154 City-St-Zip: City-St-Zip: Title: SD () Delete Title: TD (X) Change () Addition RUBIN, LLOYD NEFF, PATRICIA Name: Name: 9101 E BAY HARBOR DR APT 406 9101 E BAY HARBOR DR APT 504 Address: Address: BAY HARBOR ISLAND, FL 33154 City-St-Zip: BAY HARBOR ISLAND, FL 33154 City-St-Zip: Title: **VPD** () Delete Title: SD (X) Change () Addition NEFF, PATRICIA RITA, SHEIL Name: Name: 9101 E BAY HARBOR DRIVE, APT 504 Address: Address: 9101 E BAY HARBOR DRIVE City-St-Zip: City-St-Zip: BAY HARBOR ISLAND, FL 33154 BAY HARBOR ISLAND, FL 33154

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: GERT STEIN PD 04/30/2004