2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE:

ment with an address, with all other like empowered

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 05, 2006 8:00 am Secretary of State **DOCUMENT #201762** 04-05-2006 90145 006 ***150.00 1. Entity Name MEDITERRANEAN APARTMENTS, INC. Principal Place of Business Mailing Address 4004401-9101 E BAY HARBOR DR 9101 E BAY HARBOR DR MIAMI BEACH, FL 33154 MIAMI BEACH, FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 59-0838613 Not Applicable Zip Country Zip _ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEIN, GERT Street Address (P.O. Box Number is Not Acceptable) 9101 E BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TAMARA Lawson Directe Change TITLE PΠ ☐ Delete TITLE NEFF, PAT NAME 9101 E. BAY HarborDr. NAME STREET ADDRESS 9101 E BAY HARBOR DRIVE, APT 504 STREET ADDRESS Bay thebox Islands FL 33154 BAY HARBOR ISLAND, FL 33154 CITY-SI-ZIP CITY-ST-ZIP secretary + Director VPD ☐ Delete TITLE TITLE STEIN, GEORGE NAME NAME Stein, George Bay Harber Dr. STREET ADDRESS 9101 E BAY HARBOR DR APT 405 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154 Herebor, FL 33154 TD Delete TITLE ☐ Change ☐ Addition TITLE PEDREIRA, JOSE NAME NAME STREET ADDRESS STREET ADDRESS 9101 E BAY HARBOR DR APT 904 CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154 CITY-ST-ZIP TITLE 🔽 Change ☐ Addition ☐ Delete SD TITLE NAME MC MAHON, GORGE NAME McMahon, George 9101 East kay Harbor Dr. Day Harbor Dr. Dslands, FL STREET ADDRESS STREET ADDRESS 9101 E BAY HARBOR DRIVE # 101 BAY HARBOR ISLAND, FL 33154 CITY-ST-ZIP CITY-ST-ZIP 🔀 Delete TITLE Peter Garcia TITLE NAME DIVITO, TONY NAMÉ 9101 East Bay Harbor Dr. 9101 E BAY HARBOR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE SHEIL, RITA NAME NAME STREET ADDRESS 9101°E'BAY HARBOR DRIVE STREET ADDRESS BAY HARBOR ISLAND, FL 33154 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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