

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 201762**

1. Entity Name  
**MEDITERRANEAN APARTMENTS, INC.**



Principal Place of Business  
**9101 E BAY HARBOR DR  
MIAMI BEACH, FL 33154**

Mailing Address  
**9101 E BAY HARBOR DR  
MIAMI BEACH, FL 33154**



**DO NOT WRITE IN THIS SPACE**

03122008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0838613**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STEIN, GERT  
9101 E BAY HARBOR DR  
BAY HARBOR ISLANDS, FL 33154**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GARCIA, PETER
STREET ADDRESS	9101 E. BAY HARBOR DR., 502
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	D
NAME	STEIN, GEORGE
STREET ADDRESS	9101 E BAY HARBOR DR APT 405
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	TD
NAME	PEDREIRA, JOSE
STREET ADDRESS	9101 E BAY HARBOR DR APT 904
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	D
NAME	MC MAHON, GORGE
STREET ADDRESS	9101 E BAY HARBOR DRIVE # 101
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	V
NAME	LAWSON, TAMARA
STREET ADDRESS	9101 E BAY HARBOR DRIVE
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	D
NAME	SHEIL, RITA
STREET ADDRESS	9101 E BAY HARBOR DRIVE
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154

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04/02/08-80045-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose F Pedreira, Treasurer* 3/14/08 305-865-8445