

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90064 019 ***150.00

DOCUMENT # 205961
 1. Entity Name
MIAMI SHORES CO-OP APTS INC



Principal Place of Business Mailing Address
 770 NE 91 ST 790 NE 91 ST.
 APT 1 APT 1
 MIAMI SHORES FL 33138 MIAMI SHORES FL 33138
 US US

00009941



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
770 NE 91 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
APT # 3

City & State City & State
MIAMI SHORES, FL
 Zip Country Zip Country
33138 U.S.

4. FEI Number **59-6066283** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CAWEIN, HOWARD D.
790 NE 91 ST.
APT #1
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAWEIN, HOWARD D. 790 NE 91 ST. APT#1 MIAMI SHORES FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNADY, BEATRICE 770 NE 91 ST. APT #4 MIAMI SHORES FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMES, WILLIAM 770 NE 91 ST 6 MIAMI SHORES FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, MARILYN 770 NE 91 ST APT #3 MIAMI SHORES FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWNING, AZALIA 770 NE 91 ST #7 MIAMI SHORES FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLEMENTS, HARRY 770 NE 91 ST #5 MIAMI FL 33138 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DIMES WILLIAM 770 NE 91 ST, 6 M.S. FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASS, MARILYN 770 NE 91 ST, 3 M.S. FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNING, AZALIA 770 NE 91 ST, 7 M.S. FL, 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENTS, HARRY 770 NE 91 ST #5 M.S. FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 information.

SIGNATURE: Howard D. Cawein **Howard D. Cawein** *1/26/05* **305 757-1018**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #