


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90022 028 ***150.00

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



Principal Place of Business Mailing Address
770 NE 91 ST **770 NE 91 ST**
APT 3 **APT 3**
MIAMI SHORES FL 33138 **MIAMI SHORES FL 33138**
US **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
APT #1
790 NE 91 ST.

City & State City & State
MIAMI SHORES, FL

Zip Country Zip Country
33138 **MIA-DADE**

1st MOORE CR2E034 (10/07)
 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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	CAWEIN, HOWARD D.	
STREET ADDRESS	790 NE 91 ST. APT#1	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SPINNEY, JAMES W	
STREET ADDRESS	770 NE 91 ST APT 1	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIMES, WILLIAM	
STREET ADDRESS	770 NE 91 ST 6	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BASS, MARILYN	
STREET ADDRESS	770 NE 91 ST APT #3	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWNING, AZALIA	
STREET ADDRESS	770 NE 91 ST #7	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMENTS, HARRY	
STREET ADDRESS	770 NE 91 ST #5	
CITY-ST-ZIP	MIAMI FL 33138	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D JAMES REILLY	
STREET ADDRESS	770 NE 91 ST #8	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 and 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 a copy like empowered.

SIGNATURE: _____ DATE: **1/28/08** DAYTIME PHONE #: **305 757-1018**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR