

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 205961

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: MIAMI SHORES CO-OP APTS INC

**Current Principal Place of Business:**

770 NE 91 ST  
APT 3  
MIAMI SHORES, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

790 NE 91 ST.  
APT #1  
MIAMI SHORES, FL 33138 US

**New Mailing Address:**

FEI Number: 59-6066283      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAWEIN, HOWARD D.  
790 NE 91 ST.  
APT #1  
MIAMI SHORES, FL 33138 US

**Name and Address of New Registered Agent:**

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:**

Title: ST ( ) Delete  
Name: CAWEIN, HOWARD D.,  
Address: 790 NE 91 ST. APT#1  
City-St-Zip: MIAMI SHORES, FL 33138

Title: DVP ( ) Delete  
Name: SPINNEY, JAMES W  
Address: 770 NE 91 ST APT 1  
City-St-Zip: MIAMI SHORES, FL 33138

Title: D ( ) Delete  
Name: DIMES, WILLIAM  
Address: 770 NE 91 ST 6  
City-St-Zip: MIAMI SHORES, FL 33138

Title: PD ( ) Delete  
Name: BASS, MARILYN  
Address: 770 NE 91 ST #3  
City-St-Zip: MIAMI SHORES, FL 33138

Title: D ( ) Delete  
Name: REILLY, JAMES  
Address: 770 NE 91ST #8  
City-St-Zip: MIAMI SHORES, FL 33138

Title: D ( ) Delete  
Name: CLEMENTS, HARRY  
Address: 770 NE 91 ST #5  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HOWARD D. CAWEIN

ST

02/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date