

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 205961

FILED
Feb 06, 2012
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D
Name: WRIGHT, SHIRLEY J
Address: 770 NE 91 ST #2
City-St-Zip: MIAMI, FL 33138

I hereby 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 all other like empowered.

SIGNATURE: HOWARD D. CAWEIN

ST

02/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date