2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
03-23-2005 90023 013 ***150.00

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DOCUMENT # 238130

1. Entity Name
SHERBROOKE APTS., INC.

Principal Place of Business	Mailing Address
901 COLLINS AVE. SUITE 207 MIAMI BEACH, FL 33139 US	901 COLLINS AVE. SUITE 207 MIAMI BEACH, FL 33139 US

DO NOT WRITE IN THIS SPACE

03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1142882
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOVICK MITCH
901 COLLINS AVE #207
MIAMI BEACH, FL 33139

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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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOVICK, MITCH
STREET ADDRESS	901 COLLINS AVE. #207
CITY-ST-ZIP	MIAMI BCH., FL
TITLE	VP
NAME	PERIM, MAX
STREET ADDRESS	901 COLLINS AVE.
CITY-ST-ZIP	MIAMI BCH., FL
TITLE	D
NAME	BROWN, JOYCE
STREET ADDRESS	901 COLLINS AVE.
CITY-ST-ZIP	MIAMI BCH., FL
TITLE	T
NAME	MITCHELL, KORUS
STREET ADDRESS	901 COLLINS AVE
CITY-ST-ZIP	MIAMI BCH., FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 empowered.

SIGNATURE: Mitch Novick 4/15/05 3055320958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #