

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 238130

1. Entity Name
SHERBROOKE APTS., INC.



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

Mailing Address
**901 COLLINS AVE.
SUITE 207
MIAMI BEACH, FL 33139 US**



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

000000718941
05/01/07-80037-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

Date

305 532 0950

Daytime Phone #