


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 238130 1. Entity Name SHERBROOKE APTS., INC.	
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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
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DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1142882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

1100000922742
05-16-08-80002-024-150.00

**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:  **4/25/08** **705532 9958**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #