

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 248119

FILED
Apr 26, 2008
Secretary of State

Entity Name: WOODCREST TERRACE APARTMENTS INC

Current Principal Place of Business:

615 SOUTH RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

New Principal Place of Business:

615 SOUTH RIVERSIDE DRIVE
APT 9
POMPANO BEACH, FL 33062

Current Mailing Address:

615 SOUTH RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

New Mailing Address:

615 SOUTH RIVERSIDE DRIVE
APT 9
POMPANO BEACH, FL 33062

FEI Number: 59-1454410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPP, PATRICIA
615 S RIVERSIDE DR #9
POMPANO BCH, FL 33062 US

Name and Address of New Registered Agent:

RAPP, PATRICIA
615 S RIVERSIDE DR , APT 9
POMPANO BCH, FL 33062 US

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:

04/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RAPP, PATRICIA
Address: 615 S RIVERSIDE DR 9
City-St-Zip: POMPANO BCH, FL 33062

Title: P () Delete
Name: KING, CONNIE
Address: 1500 W CYPRESS CREEK RD STE 303
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V () Delete
Name: EPIFANIO, JOHN
Address: 2442 FRANKLIN DR
City-St-Zip: VINELAND, NJ 08361

Title: S (X) Delete
Name: CARTER, DEWAYNE
Address: 615 S RIVERSIDE DR 10
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T/V (X) Change () Addition
Name: RAPP, PATRICIA
Address: 615 S RIVERSIDE DR, APT 9
City-St-Zip: POMPANO BCH, FL 33062

Title: S/P (X) Change () Addition
Name: CARTER, DEWAYNE
Address: 615 S RIVERSIDE DR, APT 10
City-St-Zip: POMPANO BEACH, FL 33062

Title: D (X) Change () Addition
Name: MANDRAVELLOS, TONY
Address: 1489 W PALMETTO PARK RD, STE 300
City-St-Zip: BOCA RATON, FL 33486

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: PATRICIA RAPP

T/V

04/26/2008

Electronic Signature of Signing Officer or Director

Date