

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90159 010 ***150.00

DOCUMENT # 249266

1. Entity Name
P & S APARTMENTS INC



Principal Place of Business
**410 EUCLID AVE
MIAMI BEACH, FL 33139 US**

Mailing Address
**220-71ST STREET
STE 207
MIAMI BEACH, FL 33141 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-0997654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE WALL MGMT CORP
220-71ST STREET STE 207
MIAMI BEACH, FL 33141**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**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 **VD** ☒ Delete
NAME **MESA, OSCAR**
STREET ADDRESS **410 EUCLID AVE # 11**
CITY-ST-ZIP **MIAMI BCH, FL 33139**

TITLE **PD** ☒ Delete
NAME **MACHADO, JUSTA O**
STREET ADDRESS **410 EUCLID AVE # 03**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **P** ☐ Delete
NAME **MACHADO, JUSTA O**
STREET ADDRESS **410 EUCLID APT 3**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
NAME **Desmond Georges**
STREET ADDRESS **410 Euclid Ave # 07**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **T** ☐ Change ☒ Addition
NAME **James Proscia**
STREET ADDRESS **410 Euclid Ave # 04**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **S** ☐ Change ☒ Addition
NAME **Leila Zinati**
STREET ADDRESS **410 Euclid Ave # 09**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **D** ☐ Change ☒ Addition
NAME **Petra Culverson**
STREET ADDRESS **410 Euclid Ave # 12A**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **JAMES PROSCIA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/05
Date

3058658180
Daytime Phone #