
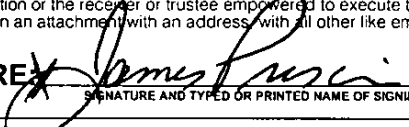


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90001 019 \*\*\*150.00

<b>DOCUMENT # 249266</b> 1. Entity Name <b>P &amp; S APARTMENTS INC</b>					
Principal Place of Business <b>410 EUCLID AVE MIAMI BEACH, FL 33139 US</b>			Mailing Address <b>220-71ST STREET STE 207 MIAMI BEACH, FL 33141 US</b>		
2. Principal Place of Business		3. Mailing Address <b>P.O. BOX 415342</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>MIAMI BEACH, FL</b>			
Zip	Country	Zip <b>33141</b>	Country <b>USA</b>	03292006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>59-0997654</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>THE WALL MGMT CORP 220-71ST STREET STE 207 MIAMI BEACH, FL 33141</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GEORGES, DESMOND</b> <b>410 EUCLID AVE #07</b> <b>MIAMI BCH, FL 33139</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PROSCIA, JAMES</b> <b>410 EUCLID AVE #04</b> <b>MIAMI BCH, FL 33139</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MACHADO, JUSTA O</b> <b>410 EUCLID APT 3</b> <b>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COLORADO, ELIAS</b> <b>410 EUCLID AVE #02</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ZINATI, LEILA</b> <b>410 EUCLID AVE #09</b> <b>MIAMI BCH, FL 33139</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CULVERSON, PETRA</b> <b>410 EUCLID AVE #12A</b> <b>MIAMI BCH, FL 33139</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEDEIROS, CLAUDIA</b> <b>1801 SOUTH TREASURE DR # 21</b> <b>NORTH BAY VILLAGE, FL 33141</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE</b>  <b>JAMES PROSCIA PRES.</b> 4/4/06 917 796 2461 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					