


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-06-2006 90001 019 ***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
 Suite, Apt. #, etc.


3. Mailing Address
P.O. BOX 415342
 Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip
33141

Country
USA



03292006 Chg-P CR2E034 (11/05)

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

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	GEORGES, DESMOND	
STREET ADDRESS	410 EUCLID AVE #07	
CITY-ST-ZIP	MIAMI BCH, FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	PROSCIA, JAMES	
STREET ADDRESS	410 EUCLID AVE #04	
CITY-ST-ZIP	MIAMI BCH, FL 33139	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MACHADO, JUSTA O	
STREET ADDRESS	410 EUCLID AVE # 3	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZINATI, LEILA	
STREET ADDRESS	410 EUCLID AVE #09	
CITY-ST-ZIP	MIAMI BCH, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CULVERSON, PETRA	
STREET ADDRESS	410 EUCLID AVE #12A	
CITY-ST-ZIP	MIAMI BCH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLORADO, ELIAS	
STREET ADDRESS	410 EUCLID AVE # 02	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEDEIROS, CLAUDIA	
STREET ADDRESS	1801 SOUTH TREASURE DR # 21	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *James Proscia* **JAMES PROSCIA PRES.** 4/4/06 917 796 2461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #