2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State
05-08-2007 90008 044 ***150.00

DOCUMENT # 249266

1. Entity Name
P & S APARTMENTS INC

4U1U/5U/

Principal Place of Business	Mailing Address
410 EUCLID AVE MIAMI BEACH, FL 33139 US	POB 415342 MIAMI BEACH, FL 33141 US

04182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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: ~~The~~ The Wall Management Corp
Street Address (P.O. Box Number is Not Acceptable): 1440 J. F. Kennedy Causeway
Suite 429 - C
City: North Bay Village FL Zip Code: 33141

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: Celso De Freitas (V) 04.18.07
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required where state is. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GEORGES, DESMOND 410 EUCLID AVE #07 MIAMI BCH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PROSCIA, JAMES 410 EUCLID AVE #04 MIAMI BCH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLORADO, ELIAS 410 EUCLID AVE 02 MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ZINATI, LEILA 410 EUCLID AVE #09 MIAMI BCH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Vazquez, Louis 9430 Jamaica Drive Miami, FL 33189 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEDEIROS, CLAUDIA 1801 S TREASURE DR 21 MIAMI BEACH, FL 33141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: X James Proscia Treasurer 04.18.07 3058618180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date. Daytime Phone #

JAMES PROSCIA