

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		

Principal Place of Business 410 EUCLID AVE MIAMI BEACH, FL 33139 US	Mailing Address POB 415342 MIAMI BEACH, FL 33141 US
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40107307



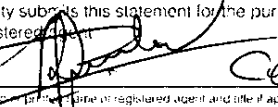
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04182007 Chg-P CR2E034 (12/06)

4. FEI Number 59-0997654	Applied For ☐ Not Applicable
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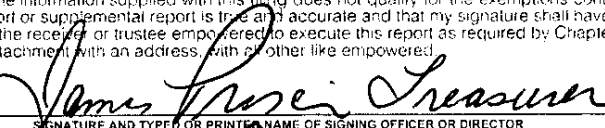
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
THE WALL MGMT CORP 220-71ST STREET STE 207 MIAMI BEACH, FL 33141	

7. Name and Address of New Registered Agent	
Name: The 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: 	DATE: 04.18.07

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
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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 another like empowered.	
SIGNATURE: 	DATE: 04.18.07 DAYTIME PHONE #: 3058678180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES PROSCIA	