


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 249266**

1. Entity Name  
**P & S APARTMENTS INC**



Principal Place of Business      Mailing Address

**410 EUCLID AVE**      **POB 415342**  
**MIAMI BEACH, FL 33139 US**      **MIAMI BEACH, FL 33141 US**

**DO NOT WRITE IN THIS SPACE**



01072008 No 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**  
**1440 J.F. KENNEDY CAUSEWAY**  
**SUITE 429-C**  
**NORTH BAY VILLAGE, FL 33141**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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                     |
| NAME           | GEORGES, DESMOND      |
| STREET ADDRESS | 410 EUCLID AVE #07    |
| CITY-ST-ZIP    | MIAMI BCH, FL 33139   |
| TITLE          | T                     |
| NAME           | PROSCIA, JAMES        |
| STREET ADDRESS | 410 EUCLID AVE #04    |
| CITY-ST-ZIP    | MIAMI BCH, FL 33139   |
| TITLE          | P                     |
| NAME           | COLORADO, ELIAS       |
| STREET ADDRESS | 410 EUCLID AVE 02     |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33139 |
| TITLE          | S                     |
| NAME           | VAZQUEZ, LOUIS        |
| STREET ADDRESS | 9430 JAMAICA DRIVE    |
| CITY-ST-ZIP    | MIAMI, FL 33189       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

**DO NOT WRITE IN THIS SPACE**

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 01/16/08-80095-005 150.00

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      1/11/08      917-796-2461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #