

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90184 026 \*\*\*150.00

**DOCUMENT # 252066**

1. Entity Name

JEFFERSON APARTMENTS, INC.



Principal Place of Business  
707 SOUTH 19 AVENUE  
HOLLYWOOD FL 33020

Mailing Address  
707 SOUTH 19 AVENUE  
HOLLYWOOD FL 33020



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **NO-T APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOLDUC, MAX**  
**707 S 19TH AVE**  
**HOLLYWOOD FL 33020**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	BOLDUC, MAX	
STREET ADDRESS	707 SOUTH 19 AVENUE APT. 7	
CITY- ST- ZIP	HOLLYWOOD FL 33020	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BERTRAND, GISELE MRS.	
STREET ADDRESS	901 SW 11 AVE.	
CITY- ST- ZIP	BRYCEVILLE FL 32009	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOLDUC, LUCIE B MRS	
STREET ADDRESS	707 S. 19TH AVE., APT. 7	
CITY- ST- ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rino Roman	
STREET ADDRESS	707 S 19TH AVE APT 8	
CITY- ST- ZIP	HOLLYWOOD FL 33020	
TITLE	Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jorge Luis Lora	
STREET ADDRESS	707 S 19TH AVE APT 9	
CITY- ST- ZIP	HOLLYWOOD FL 33020	
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		<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 Section 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:

*Max Bolduc*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 16/07 954-922-5760*

Date

Daytime Phone #