2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 8:00 am Secretary of State

1. Entity Name	MEN I # 260051 APARTMENTS, INC.			03-10-2005 90166 024 ***150.00	
Principal Place	of Business	Mailing Address		OOOMINAT	
3525 POLK S	ī	3525 POLK ST			
APT 4 Hollywood,	FL 33021 US	APT 4 HOLLYWOOD, FL 33021	US	Haribandan bandan bandan banda bandan ba	
3525	ace of Business POLK ST		LKST		
Suite, Apt.		Suite, Apt. #, etc. APT 12		02162005 Chg-P CR2E034 (10/03)	
City & State		City & State HOLLY WOOL	FL	4. FEI Number Applied For 59-1087994 Not Applicable	
Zip 3302	Country U.S	33021	Country US	5. Certificate of Status Desired S8.75 Additional Fee Required	
	-6Name and Address of Current	Registered Agent -		7: Name and Address of New Registered Agent	
PAYNE, JE	-AN		Name V	IKINNIEMI HEIKKI	
3525 POL			Street Add	Street Address (P.O. Box Number is Not Acceptable) 3525 POLK ST #//	
APT# HOLLYWO	OD, FL 33021		352		
		•	City H	SLLYWOOD FL Zip Code 37021	
	named entity submits this statement fo	r the purpose of changing its re		gistered agent, or both, in the State of Florida. I am familiar with, and accept	
,	HEIKKI VIIKINI Signature, typed or printed name of registered agent	VIEN DOE	CL DELLT	H. Jul 02/20/05	
SIGNATURE_	MOINE DUEIN	VICERII, PRE	31 0001	$U_{\alpha}U_{\alpha}U_{\alpha}U_{\alpha}U_{\alpha}U_{\alpha}U_{\alpha}U_{\alpha}$	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	legisterad Agent signature	required when reinstating) DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib	n Financing oution.	\$5.00 May Be Added to Fees	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receipter or flustee 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 attachard with an address, with all other like empowered.

SIGNATURE: 💆

HEIKKI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR