

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90142 001 \*\*\*150.00  
08-09-2004 90142 002 \*\*\*400.00

**DOCUMENT # 331343**

1. Entity Name  
**PACIFIC 9TH STREET APARTMENTS, INC.**



Principal Place of Business  
**C/O PACIFIC R E MGMT CORP  
2600 DOUGLAS RD, #1004  
MIAMI, FL 33134 US**

Mailing Address  
**C/O PACIFIC R E MGMT CORP  
2600 DOUGLAS RD, #1004  
MIAMI, FL 33134 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132004 Chg-P CR2E034 (10/03)

4. FEI Number

**13-2617356**

Applied For

Not Applicable

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

**MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA  
25 S.E. SECOND AVENUE, SUITE #900  
MIAMI, FL 33131**

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 \$550.00  
Due by September 8, 2004**

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 VP ☒ Delete  
NAME SCHULTHEIS, THEODORE  
STREET ADDRESS 2600 DOUGLAS RD  
CITY-ST-ZIP MIAMI, FL 33134

TITLE **Maria del Carmen Noela** ☐ Change ☒ Addition  
NAME **2600 Douglas Road, Suite 1009**  
STREET ADDRESS **Corral Gables, FL 33134** **OFFICER**  
CITY-ST-ZIP

TITLE VPTD ☐ Delete  
NAME ISAIAS, ESTEFANO  
STREET ADDRESS 2600 DOUGLAS RD  
CITY-ST-ZIP MIAMI, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PSD ☐ Delete  
NAME ISAIAS, ROBERTO  
STREET ADDRESS 2600 DOUGLAS RD  
CITY-ST-ZIP MIAMI, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME ISAIAS, WILLIAM  
STREET ADDRESS 2600 DOUGLAS RD  
CITY-ST-ZIP MIAMI, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #