## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 583585** 

Entity Name: BOLTON APARTMENTS CORP.

FILED Jul 01, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

2637 SW 65TH AVE. 3168 SW 143 PL MIAMI, FL 33155 MIAMI, FL 33175

Current Mailing Address: New Mailing Address:

2637 SW 65TH AVE. 3168 SW 143 PL MIAMI, FL 33155 MIAMI, FL 33175

FEI Number: 59-1850792 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALVAREZ, NARCISA S. ALVAREZ, NARCISA RA 2637 SW 65TH AVE. 3168 SW 143 PL MIAMI, FL 33155 US MIAMI, FL 33175 US

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.

SIGNATURE: NARCISA ALVAREZ 07/01/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 ALVAREZ, BIENVENIDO,
 Name:
 ALVAREZ, BIENVENIDO

 Address:
 2637 SW 65 AVE
 Address:
 3168 SW 143 PL

 City-St-Zip:
 MIAMI, FL
 33155,
 City-St-Zip:
 MIAMI, FL 33175

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 ALVAREZ, NARCISA,
 Name:
 ALVAREZ, NARCISA

 Address:
 2637 SW 65 AVE
 Address:
 3168 SW 143 PL

 City-St-Zip:
 MIAMI, FL
 33155,
 City-St-Zip:
 MIAMI,, FL
 33175

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NARCISA ALVAREZ SD 07/01/2004