

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 583585

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: BOLTON APARTMENTS CORP.

**Current Principal Place of Business:**

3168 SW 143 PL  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

3168 SW 143 PL  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 59-1850792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALVAREZ, NARCISA RA  
3168 SW 143 PL  
MIAMI, FL 33175 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALVAREZ, BIENVENIDO  
Address: 3168 SW 143 PL  
City-St-Zip: MIAMI, FL 33175

Title: SD ( ) Delete  
Name: ALVAREZ, NARCISA  
Address: 3168 SW 143 PL  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP.S (X) Change ( ) Addition  
Name: ALVAREZ, NARCISA  
Address: 3168 SW 143 PL  
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

VP

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date