

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90525 003 \*\*\*\*61.25

**DOCUMENT # 729294**  
 1. Entity Name  
**L & M APARTMENTS, INC.**



Principal Place of Business Mailing Address  
**555 75TH STREET #6 MIAMI BEACH FL 33141** **555 75TH STREET #6 MIAMI BEACH FL 33141**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1588755** Applied For Not Applicable

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**PINEIRO, ALBERTO**  
**555-75TH STREET, APT. 6**  
**MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent  
 Name **BASSAKYROU, FRANCESCA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**555 75th ST., APT 4**  
 City **Miami Beach FL** Zip Code **33141**

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 *Francesca Bassakyrrou* **FRANCESCA BASSAKYROU** DATE **04/26/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PINEIRO, ALBERTO	
STREET ADDRESS	555 75TH ST., APT 6	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LUGO, ROMAN	
STREET ADDRESS	555 75TH ST., APT 8	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE	
STREET ADDRESS	555 75TH ST APT 5	
CITY-ST-ZIP	MIAMI FL 33141	
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 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASSAKYROU, Francesca	
STREET ADDRESS	555 75th ST., APT 4	
CITY-ST-ZIP	Miami Beach, FL 33141	
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 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 617, 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: *Francesca Bassakyrrou, Treasurer* DATE: **04/26/05** DAYTIME PHONE #: **305-865-8396**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #