

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90103 033 ****61.25

DOCUMENT # 753590

1. Entity Name

SOLE APTS., INC.



Principal Place of Business

C/O DIANA MICHAUD
4819 W WILLOW HWY
LANSING MI 48917
US

Mailing Address

C/O DIANA MICHAUD
4819 W WILLOW HWY
LANSING MI 48917
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0091459

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

STAMPLER, ANNETTE
3800 PEPERTREE CIRCLE WEST
DAVIE FL

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 \$61.25
Due By May 1, 2006

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	P	<input checked="" type="checkbox"/> Delete
NAME	ORLANDO, PAUL	
STREET ADDRESS	820 N HOGSBACK RD	
CITY-ST-ZIP	MASON MI 48854	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELIA, RAYMOND	
STREET ADDRESS	68 SOUTH HAMPTON ROAD	
CITY-ST-ZIP	LANDENBERG PA 19305	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MICHAUD, DIANA	
STREET ADDRESS	4819 W WILLOW HWY	
CITY-ST-ZIP	LANSING MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAETANO, PERNA	
STREET ADDRESS	1307 N. COLLEGE RD.	
CITY-ST-ZIP	MASON MI 48854	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE ROSA, JERRY	
STREET ADDRESS	4150 WATSON	
CITY-ST-ZIP	HOLT MI 48842	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORLANDO, VALETINO	
STREET ADDRESS	1600 CHESTER RD.	
CITY-ST-ZIP	LANSING MI 48912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vincent Covello	
STREET ADDRESS	4819 GULL RD. APT #10	
CITY-ST-ZIP	Lansing Mich 48917	
TITLE	Secretary:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosalie Cicorelli	
STREET ADDRESS	358 Crosswind Dr.	
CITY-ST-ZIP	Diamondale, Mich 48821	
TITLE	Treasurer:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diana Litrenta Michaud	
STREET ADDRESS	4819 W. Willow Hwy	
CITY-ST-ZIP	LANSING, MI. 48917	
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 exemptions contained in Section 119, 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: *Diana Litrenta Michaud Treasurer 2/28/06 517 321-0395*