

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

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**



01292007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0091459	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**STAMPLER, ANNETTE
3800 PEPERTREE CIRCLE WEST
DAVIE, FL**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COVELLO, VINCENT 4819 GULL RD., APT #10 LANSING, MI 48917
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CICORELLI, ROSALIE 358 CROSSWIND DR DIMONDALE, MI 48821
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHAUD, DIANA L 4819 W WILLOW HWY LANSING, MI 48917
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAETANO, PERNA 1307 N. COLLEGE RD. MASON, MI 48854
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ROSA, JERRY 4150 WATSON HOLT, MI 48842
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLANDO, VALETINO 1600 CHESTER RD. LANSING, MI 48912
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02/21/07-80092-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #