

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753590

FILED
Apr 28, 2009
Secretary of State

Entity Name: SOLE APTS., INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0091459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMPLER, ANNETTE
3800 PEPERTREE CIRCLE WEST
DAVIE, FL 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COVELLO, VINCENT
Address: 4819 GULL RD., APT #10
City-St-Zip: LANSING, MI 48917

Title: S () Delete
Name: CICORELLI, ROSALIE
Address: 358 CROSSWIND DR
City-St-Zip: DIMONDALE, MI 48821

Title: T () Delete
Name: MICHAUD, DIANA L
Address: 4819 W WILLOW HWY
City-St-Zip: LANSING, MI 48917

Title: D () Delete
Name: GAETANO, PERNA
Address: 1307 N. COLLEGE RD.
City-St-Zip: MASON, MI 48854

Title: D () Delete
Name: DE ROSA, JERRY
Address: 4150 WATSON
City-St-Zip: HOLT, MI 48842

Title: D () Delete
Name: ORLANDO, VALETINO
Address: 1600 CHESTER RD.
City-St-Zip: LANSING, MI 48912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: MARIA, PERNA
Address: 13419 GOLDFINCH
City-St-Zip: LAKE WOOD RANCH, FL 34202

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA MICHAUD

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date