2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J65686

3333 NE 38 ST

LURIE, TERÈSA

222 IMPERIAL LANE

FORT LAUDERDALE, FL 33308

() Delete

LAUDERDALE BY THE SEA, FL 33308

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Jan 22, 2004 Secretary of State

Entity Nan	ne: CAMELO	OT WEST	APARTMENTS, INC.					
Current Principal Place of Business:					New Principal Place of Business:			
3333 NE 38TH STREET FT. LAUDERDALE, FL 33308					2635 N. ANDREWS AVENUE WILTON MANORS, FL 33311			
Current Mailing Address:					New Mailing Address:			
3333 NE 38TH STREET FT. LAUDERDALE, FL 33308					2635 N. ANDREWS AVENUE WILTON MANORS, FL 33311			
FEI Number: 65-0001581 FEI Number Applied For () FEI N				FEI Nun	umber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
3333 NE 38	IA, MARTINC BTH STREET ERDALE, FL	-	US					
The above in the State		submits t	his statement for the p	urpose o	f changing it	ts registere	ed office or registered agent, or both,	
SIGNATUR								
Election Cam		_	ure of Registered Age nd Contribution ().	ent			Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (PETRECCIA, 3333 NE 38 S FORT LAUDE	TREET	33308		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V (PETRECCIA, 5737 NE 15 A FORT LAUDE	VE	33334		Title: Name: Address: City-St-Zip:	3333 NE 38	(X) Change()Addition A, ROSETTA BTH STREET DERDALE, FL 33308	
Title: Name:	T (PETRECCIA.) Delete ROSETTA			Title: Name:	T PETRECCI	(X) Change () Addition	

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

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

5737 NE 15 AVE

FORT LAUDERDALE, FL 33311

() Change () Addition

SIGNATURE: TERI LURIE S 01/22/2004