2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001137

Title:

Name:

Address:

City-St-Zip:

Entity Name: HIBISCUS PARK APARTMENTS, INC.

FILED Apr 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 300 NW 12TH AVE MIAMI, FL 33128 **Current Mailing Address: New Mailing Address:** 300 NW 12TH AVE MIAMI, FL 33128 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTORANO, SAL DOMINGUEZ, AGUSTIN 300 NW 12 AVENUE 300 NW 12 AVENUE MIAMI, FL 33128 MIAMI, FL 33128 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: AGUSTIN DOMINGUEZ 04/05/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MARTORANO, SAL DOMINGUEZ, ELENA Name: Name: Address: 300 NW 12 AVENUE Address: 300 NW 12 AVENUE City-St-Zip: MIAMI, FL 33128 City-St-Zip: MIAMI, FL 33128 Title: Title: () Delete () Change () Addition DOMINGUEZ, AGUSTIN Name: Name: Address: 300 NW 12 AVENUE Address: City-St-Zip: MIAMI, FL 33128 City-St-Zip: Title: () Delete Title: () Change () Addition REVALES, RON Name: Name: 300 NW 12 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33128 City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: SIBLEY, RUSSELL Name: **300 NW 12 AVENUE** Address: Address: City-St-Zip: MIAMI, FL 33128 City-St-Zip:

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: AGUSTIN DOMINGUEZ RA 04/05/2007

() Delete

RODRIGUEZ, KATHY

300 NW 12 AVENUE

MIAMI, FL 33128

() Change () Addition