

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P00000100472

1. Entity Name
TREE TOP APTS, INC.



Principal Place of Business
5101 COLLINS AVENUE
MANAGEMENT OFFICE
MIAMI BEACH, FL 33140

Mailing Address
5101 COLLINS AVENUE
MANAGEMENT OFFICE
MIAMI BEACH, FL 33140



DO NOT WRITE IN THIS SPACE

04112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0629721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARETSKY, LOUIS D
555 N.E. 15TH STREET
SUITE 100
MIAMI, FL 33132

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000906935
05/05/08-80018-000 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MERUELO, HOMERO SR
STREET ADDRESS 5101 COLLINS AVENUE, MANAGEMENT OFFICE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VD
NAME MERUELO, BELINDA
STREET ADDRESS 5101 COLLINS AVENUE, MANAGEMENT OFFICE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE S
NAME MOURE, MARIA
STREET ADDRESS 5101 COLLINS AVENUE, MANAGEMENT OFFICE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 607, 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

04/15/08 (305)865-5152