

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106960

Entity Name: GUY APARTMENTS, INC.

FILED
Apr 12, 2009
Secretary of State

Current Principal Place of Business:

4839 SW 148TH AVE
518
FORT LAUDERDALE, FL 33330

Current Mailing Address:

5722 S. FLAMING ROAD
176
COOPER CITY, FL 33330

New Principal Place of Business:

5722 SOUTH FLAMINGO RD
176
COOPER CITY, FL 33330

New Mailing Address:

5722 SOUTH FLAMINGO RD
176
COOPER CITY, FL 33330

FEI Number: 65-1057747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NISSIM, ATASH
14530 MUSTANG TRAIL
SOUTH WEST RANCHES, FL 33330 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ATASH, NISSAM
Address: 14530 MUSTANG TRAIL
City-St-Zip: SOUTH WEST RANCHES, FL 33330

Title: PD () Delete
Name: ATASH, ANAT
Address: 14530 MUSTANG TRAIL
City-St-Zip: SOUTH WEST RANCHES, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: ANAT ATASH

PR

04/12/2009

Electronic Signature of Signing Officer or Director

Date