


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90074 028 ***150.00

DOCUMENT # P02000118325 1. Entity Name PILAR APARTMENTS, INC.					
Principal Place of Business 4677 NW 60TH LANE CORAL SPRINGS, FL 33067			Mailing Address 4677 NW 60TH LANE CORAL SPRINGS, FL 33067		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ASCANIO, EDGARDO 4677 NW 60TH LANE CORAL SPRINGS, FL 33067				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signed, typed and printed name of registered agent and the taxpayer. (NOTE: Registered Agent's signature is required when terminating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASCANIO, EDGARDO		NAME		
STREET ADDRESS	4677 NW 60 LANE		STREET ADDRESS		
CITY- ST- ZIP	CORAL SPRINGS, FL 33067		CITY- ST- ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASCANIO, OMELIS		NAME		
STREET ADDRESS	5000 NW 66TH DR.		STREET ADDRESS		
CITY- ST- ZIP	CORAL SPRINGS, FL 33067		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Ascario, Magaly	
STREET ADDRESS			STREET ADDRESS	4677 NW 60 Lane	
CITY- ST- ZIP			CITY- ST- ZIP	Coral Springs, FL 33067	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Ascario, Nancy	
STREET ADDRESS			STREET ADDRESS	5000 NW 66th Drive	
CITY- ST- ZIP			CITY- ST- ZIP	Coral Springs, FL 33067	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Edgardo Ascario</i>			3/16/05 954-931-5585 <small>Date Date of Filing</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					