

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014010

FILED
Apr 26, 2009
Secretary of State

Entity Name: PIEDRA APARTMENTS, CORP.

Current Principal Place of Business:

1010 13TH ST.
MIAMI BCH, FL 33139

New Principal Place of Business:

1010 13 ST
MIAMI BCH, FL 33139

Current Mailing Address:

1010 13TH ST.
MIAMI BCH, FL 33139

New Mailing Address:

1010 13 ST
MIAMI BEACH, FL 33139

FEI Number: 42-1575857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIEDRA, LORENZO
1010 13TH ST.
MIAMI BCH, FL 33139 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: P () Delete
Name: PIEDRA, CARIDAD
Address: 1010 13TH ST.
City-St-Zip: MIAMI BCH, FL 33139

Title: S () Delete
Name: PIEDRA, LORENZO
Address: 1010 13TH ST.
City-St-Zip: MIAMI BCH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PIEDRA, CARIDAD
Address: 1010 13TH ST.
City-St-Zip: MIAMI BCH, FL 33139 38

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: CARIDAD PIEDRA

P

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date