

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90058 033 ***150.00

DOCUMENT # P04000029685

1. Entity Name
APPLE REALTY, INC.



40040992



Principal Place of Business
**123 N KROME AVENUE
STE. 105
HOMESTEAD, FL 33030**

Mailing Address
**123 N KROME AVENUE
STE. 105
HOMESTEAD, FL 33030**

2. Principal Place of Business - No P.O. Box #
24308 SW 108 Ave

3. Mailing Address
300 S Luna Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162007 Chg-P CR2E034 (12/06)

City & State
Homestead, Florida

City & State
Hollywood, Florida

4. FEI Number
77-0622806

Applied For
Not Applicable

Zip
33032

Country
USA

Zip
33021

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIGLIORI, YAMILEE
13601 SW 279TH STREET
MIAMI, FL 33033**

Name
Yamilee Migliori

Street Address (P.O. Box Number is Not Acceptable)
300 S Luna Ct.

Apt. #9

City
Hollywood

FL

Zip Code
33021

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTVS
YAMILEE, MIGLIORI
13601 SW 279 ST
MIAMI, FL 33033** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
Yamilee miglioni
300 S Luna Ct, Apt #9
Hollywood, FL 33021** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
Jose A. Hernandez
24308 SW 108 AVE
Homestead, FL 33032** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **Yamilee Migliori**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07

Date

305-257-4111

Daytime Phone #