## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 07, 2006 8:00 am **Secretary of State** DOCUMENT # P04000162807 02-07-2006 90024 006 \*\*\*150.00 EMERALD APARTMENTS, INC. Principal Place of Business Mailing Address 1301 EMERALD TERR P.O. BOX 450534 4000 SUNRISE, FL 33345 FORT PIERCE, FL 34950 2. Principal Place of Business 3. Mailing Address P.O. BOX 450534 1301 EMERALD Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E034 (11/05) Cha-P City & State Applied For City & State 4. FEI Number PIERCE PLORION <u>>UNRISE</u> 20-1958229 Not Applicable FORT-Country \$8.75 Additional 5. Certificate of Status Desired П BROWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-SIEW. DAYWHOTEE Street Address (P.O. Box Number is Not Acceptable) 3391 NW 97TH TERR SUNRISE, FL 33351 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be - 🖂 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition SIEW, DAYWHOTEE NAME NAME 3391 NW 97TH TERR STREET ADDRESS STREET ADDRESS SUNRISE, FL 33351 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

E: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CiTY-ST-ZIP

02-03-06 (954)748-9325

FILED

ATTACHMENT

40009971

1/09/06 = CORPORATE DETAIL RECORD SCREEN

3:22 PM

NUM: P04000162807 ST:FL ACTIVE/FL PROFIT

FLD: 11/29/2004

FEI#: 20-1958229

: EMERALD APARTMENTS, INC.

PRINCIPAL: 1301 EMERALD TERR

CHANGED: 08/22/05

ADDRESS FORT PIERCE, FL 34950

CHANGED: 08/22/05

MAILING : P.O. BOX 450534

ADDRESS SUNRISE, FL 33345 RA NAME : SIEW, DAYWHOTEE

RA ADDR : 3391 NW 97TH TERR

SUNRISE, FL 33351

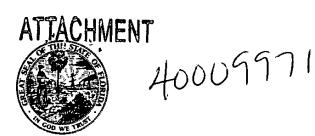
ANN REP :

(2005) A 08/22/05

1. MENU, 3. OFFICERS

ENTER SELECTION AND CR:

Corp



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2006

EMERALD APARTMENTS, INC. P.O. BOX 450534 SUNRISE, FL 33345

SUBJECT: EMERALD APARTMENTS, INC.

Ref. Number: P04000162807

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kristen Eckel Document Specialist

Letter Number: 006A00002076