


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90024 006 ***150.00

DOCUMENT # P04000162807	
1. Entity Name EMERALD APARTMENTS, INC.	

Principal Place of Business 1301 EMERALD TERR FORT PIERCE, FL 34950	Mailing Address P.O. BOX 450534 SUNRISE, FL 33345
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2. Principal Place of Business 1301 EMERALD TERR Suite, Apt. #, etc.	3. Mailing Address P.O. Box 450534 Suite, Apt. #, etc.
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City & State FORT- PIERCE	City & State SUNRISE FLORIDA
Zip 34950	Country ST LUCIE
Zip 33345	Country BROWARD



01112006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1958229	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIEW, DAYWHOTEE 3391 NW 97TH TERR SUNRISE, FL 33351	
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7. Name and Address of New Registered Agent --	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P SIEW, DAYWHOTEE 3391 NW 97TH TERR SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Daywhotee Siew 02-03-06 (954) 748-9325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

NAME : EMERALD APARTMENTS, INC.

CHANGED: 08/22/05

PRINCIPAL: 1301 EMERALD TERR

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
AK

ATTACHMENT



40009971

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. - Pres 4.

Kristen Eckel
Document Specialist

Letter Number: 006A00002076