## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000031797

Address:

City-St-Zip:

7975 NW 154 STREET, SUITE 400

MIAMI LAKES, FL 33016 US

Entity Name: ST. MORITZ TOWNHOMES, INC

FILED Apr 17, 2008 Secretary of State

Entity Nar	ne: SI.MORII	IZ TOWNHOMES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 400	54 STREET ES, FL 33016	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 400	54 STREET ES, FL 33016	US			
FEI Number:	20-4591352	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
BRIELE, ROBERT T 7975 NW 154 STREET SUITE 400 MIAMI LAKES, FL 33016 US			3389 SHERIDAN STRI #560	PETER M. HODKIN, P.A. 3389 SHERIDAN STREET #560 HOLLYWOOD, FL 33021 US	
	named entity so of Florida.	ubmits this statement for the po	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: PETER HODKIN				04/17/2008	
	Electroni	c Signature of Registered Age	nt	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CARDOSO, SILV	REET, SUITE 400	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MIJARES, ANTH	REET, SUITE 400	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	V ()I	Delete T T	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT T. BRIELE V 04/17/2008