


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P06000062220 1. Entity Name 451 APARTMENTS, INC. |  |
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| Principal Place of Business 451 NW 23RD AVENUE FORT LAUDERDALE, FL 33311 | Mailing Address P.O. BOX 13351 MIAMI, FL 33101 |
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04282008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0463649 | Applied For Not Applicable |
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, JEFF
 17 E. FLAGLER STREET
 SUITE #219
 MIAMI, FL 33131

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS SHERMAN, JEFF 17 EAST FLAGLER ST, 219 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT BAGUEAR, SUSANA 17 E FLAGLER ST, 219 MIAMI, FL 33131 |
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U00000933189
05/22/08-80077-021 150.00

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:  _____ **4/28/08** **305 3750720**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #