## 2008 FOR PROFIT CORPORATION

## **FILED**

ANNUAL REPORT					Apr 30, 2008 08:00			
DOCUMENT # P06000062220  1. Entity Name 451 APARTMENTS, INC.					-	Secreta	ry of Stat	
451 NW 23RD AVENUE		Mailing Address P.O. BOX 13351 MIAMI, FL 33101		l ( <b>pa</b> nj <b>a</b> )	11 <b>88 84 8</b> 1111 <b>83</b> 41 <b>98</b> 11	I <b>co</b> in deile eikh itele il	010 KWH 0011001 A 1001	
D	O NOT WRITE I	CE	04282008 4. FEI Numb 65-046	No Chg-P		IIIII X 12		
	6. Name and Address of Current Reg	stered Agent.	<u> </u>	-				
SHERMAN, JEFF 17 E. FLAGLER STREET SUITE #219 MIAMI, FL 33131			:		not ! This s	NRITE		
the obligat	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and title.	e il applicable. (NOTE: Registere 9. Election Campaign Final	ed Agent signature required	when reinstating)	oth, in the State of	f Florida. 1 am fami	liar with, and accept	
After Ma	ay 1, 2008 Fee will be \$550.00	· Trust Fund Contribution.	_ □ Add	ed to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PS SHERMAN, JEFF 17 EAST FLAGLER ST, 219 MIAMI, FL 33131 VT BAGUEAR, SUSANA 17 E FLAGLER ST, 219 MIAMI, FL 33131	:CTORS				00983189 3-80077-02:	1 150.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Market State of State		~					

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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NA JUST AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR