

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90335 020 ***150.00

DOCUMENT # P92000013777

1. Entity Name
GMN AFFORDABLE HOUSING PARTNER V, INC.



Principal Place of Business
300 NW 12TH AVENUE
MIAMI, FL 33128

Mailing Address
300 NW 12TH AVENUE
MIAMI, FL 33128

20048480



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0376319

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTORANO, SAL
300 NW 12TH AVENUE
MIAMI, FL 33128

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 PD ☐ Delete
NAME DOMINQUEZ, AGUSTIN
STREET ADDRESS 300 NW 12 AVE
CITY-ST-ZIP MIAMI, FL 33128

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME SIBLEY, JR, RUSSELL A
STREET ADDRESS 300 NW 12 AVE
CITY-ST-ZIP MIAMI, FL 33128

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME REVALES, RON
STREET ADDRESS 300 NW 12TH AVE
CITY-ST-ZIP MIAMI, FL 33128

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPTD ☐ Delete
NAME MARTORANO, SALVATORE
STREET ADDRESS 300 NW 12 AVENUE
CITY-ST-ZIP MIAMI, FL 33128

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME ANDERSON, EUGENIA
STREET ADDRESS 300 NW 12 AVENUE
CITY-ST-ZIP MIAMI, FL 33128

TITLE DS ☐ Change ☒ Addition
NAME Rodriguez, Kathleen
STREET ADDRESS 300 NW 12 Avenue
CITY-ST-ZIP Miami, Florida 33128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Salvatore Martorano **Salvatore Martorano** 03/04/2005 (305)324-5505