

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2005 90335 019 ***150.00

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1. Entity Name

GMN AFFORDABLE HOUSING PARTNER IX, INC.



Principal Place of Business

300 NW 12TH AVE
MIAMI, FL 33128

Mailing Address

300 NW 12TH AVE
MIAMI, FL 33128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0476565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAR, TORANO, SAL
300 NW 12TH AVE
MIAMI, FL 33128

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

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

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

TITLE: T
NAME: MARTORANO, SAL
STREET ADDRESS: 300 NW 12TH AVE.
CITY-ST-ZIP: MIAMI, FL 33128 ☐ Delete

TITLE: PD
NAME: DOMINGUEZ, AGUSTIN
STREET ADDRESS: 300 NW 12TH AVE
CITY-ST-ZIP: MIAMI, FL 33128 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: DVT ☒ Change ☐ Addition
NAME: ☒ Change ☐ Addition
STREET ADDRESS: ☒ Change ☐ Addition
CITY-ST-ZIP: ☒ Change ☐ Addition

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

TITLE: DV ☐ Change ☒ Addition
NAME: Reales, Ron
STREET ADDRESS: 300 NW 12 Avenue
CITY-ST-ZIP: Miami, Florida 33128

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

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

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 #

20048481



Salvatore Martorano

03/04/2005 (305) 324-5505