## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED Mar 14, 2005 8:00 am Secretary of State

03-14-2005 90120 023 \*\*\*150 00

DOCUMENT # P93000053844  1. Entity Name GREATER MIAMI: AFFORDABLE PROPERTIES INC.					03-14-2005	90120 023 ***150.0	
Principal Place of Business . 2972 NW 22ND ST. MIAMI, FL 33142 US		Mailing Address 2972 NW 22ND ST. MIAMI, FL 33142 US				50026528	3
1621	ace of Business  S. S.W. 117 Ave	3. Mailing Address  16215 5 W 117 Ave  Suite, Apt. #, etc.		que.			
Suite, Apt.	<u>4 A</u>	Unit 4	A	03112005	Chg-P	CR2E034 (10/03)	F F.
City & State	ni FL.	City & State MIAMI	FL.	4. FEI Numb 65-042		Not	lied For Applicable
331	77 U.S. A	33177	Country U·S·I	7	of Status Desired	S8.75 Addit Fee Required	ional
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  STEWART, ORALD  2972 NW 22 STREET  MIAMI, FL 33142  Street Address (P.O. Box Number is Not Acceptable)  16 215 SW 117 Avenue  Unit 4 A  City Miami							
8. The above named entity submits this statement for the purpose of granging its 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 life it 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 \$5.00 May Be Trust Fund Contribution.   Added to Fees							
1 O. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I P STEWART, ORALD 2972 NW 22 STREET MIAMI, FL 33142	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART,	ORALD IT AVE. MIRMI	FICERS AND DIRECTORS  Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · ·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Delete	TITLE NAME STREET ADDRESS 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.							