

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000076669

1. Entity Name
MAYPORT TRACE APARTMENTS, INC.



Principal Place of Business
**2160 MAYPORT RD.
ATLANTIC BCH, FL 32233**

Mailing Address
**4420 FM 1960 WEST
STE 224
HOUSTON, TX 77068**



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0456358

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**YALAMANCHILI, CHOWDARY
6410 GULF TWO LAKE HWY
CRYSTAL RIVER, FL 32629**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 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
**AVP
OMANDAM, OLGA
4420 FM 1960 WEST, #224
HOUSTON, TX 77068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELANGER, ANGELA
12204 CYPRESS CT
HOUSTON, TX 77065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YALAMANCHILI, CHOWDARY
12204 CYPRESS CT
HOUSTON, TX 77065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80036-003 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

Date

2814441585

Daytime Phone #