

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000082283

1. Entity Name

SUNDANCE APARTMENTS I, INC.



Principal Place of Business

3971 S.W. 8TH ST.
SUITE 205
MIAMI, FL 33134

Mailing Address

3971 S.W. 8TH ST.
SUITE 205
MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0470998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NITZA GONZALEZ
3971 S.W. 8TH ST.
SUITE 205
MIAMI, FL 33134

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000259134
03/11/05-80013-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	LARRIEU, MANUEL A
STREET ADDRESS	3971 S.W. 8TH ST. #205
CITY - ST - ZIP	MIAMI, FL 33134
TITLE	PTD
NAME	LARRIEU, JORGE A
STREET ADDRESS	3971 S.W. 8TH ST. #205
CITY - ST - ZIP	MIAMI, FL
TITLE	AS
NAME	GONZALEZ, NITZA
STREET ADDRESS	3971 S.W. 8TH STREET, SUITE 205
CITY - ST - ZIP	MIAMI, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 #

2/17/05