


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 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
--	--



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0470998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
--

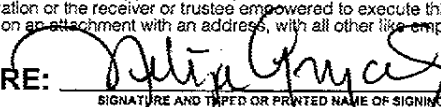
DO NOT WRITE IN THIS SPACE

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	--

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

<p>U000000768653 07/13/07-80007-004 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: 	NITZA GONZALEZ	7-10-07 305-KK-67116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #