2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 01, 2007 08:00 A Secretary of State DOCUMENT # P94000037439 1. Entity Name SOUTH WIND APARTMENTS OF HIALEAH, INC. Principal Place of Business Mailing Address **168 HIALEAH DRIVE 168 HIALEAH DRIVE** HIALEAH, FL 33010 HIALEAH, FL 33010 CR2E034 (11/05) 04262007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0523929 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWEZY, LEWIS V DO NOT WRITE 168 HIALEAH DRIVE HIALEAH, FL 33010 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SWEZY, RUBY STREET ADDRESS 168 HIALEAH DRIVE U00000752201 HIALEAH, FL 33010 CITY-ST-7IP 05/21/07-80007-002 158.†5 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-SI-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 seport 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Lewis Y. Swezy

*305-121-0*330