

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90056 021 ***150.00

DOCUMENT # P94000060914

1. Entity Name

ALLISON APARTMENTS - 4300, INC.



Principal Place of Business

7520 RED RD
STE G1
MIAMI, FL 33143

Mailing Address

7520 RED RD
STE G1
MIAMI, FL 33143

00003100



08112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0517375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALENCIA, CLARA
7520 RED RD STE G1
MIAMI, FL 33143

**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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	D
NAME	BLANK, CATHY
STREET ADDRESS	9520 RED RD STE G1
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**

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 #

8-15-05 305-6639908

ATTACHMENT
50063180

ALLISON APARTMENTS 4300 INC.
7520 Red Road, Suite G-1
Miami, FL 33143
(305) 663-9908
Fax (305) 663-9024

August 15th, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF: # P94000060914

To Whom it May Concern:

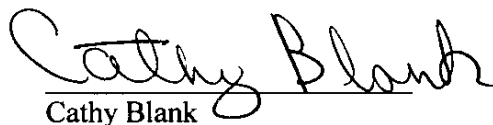
On June 17th, 2005 your office was contacted in reference to not receiving the annual report form to file.

We received the form the following week requesting a fee of \$150.

We also went to the website and downloaded the proper forms and have indicated non-receipt of proper notice, too.

If you need further information please contact us at (305) 663-9908.

Sincerely,


Cathy Blank



ATTACHMENT
50063180

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 17, 2005

ALLISON APARTMENTS - 4300, INC.
7520 RED RD
STE G1
MIAMI, FL 33143

SUBJECT: ALLISON APARTMENTS - 4300, INC.
Ref. Number: P94000060914

Pursuant to our telephone conversation of June 17, 2005, I am enclosing your annual report form.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 505A00041989