

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000071922

FILED  
Apr 20, 2008  
Secretary of State

Entity Name: LAKE TERRACES APARTMENTS, INC.

**Current Principal Place of Business:**

45 N.W. 203RD TERR.  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

1841 N KEENE RD  
CLEARWATER, FL 33755 US

**New Mailing Address:**

FEI Number: 65-0529426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIARAMORTE, ROSEANNE  
45 N.W. 203 TERRACE  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: CHIARAMONTE, JOSEPH  
Address: 1140 LIDFLOWER STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: P ( ) Delete  
Name: CHIARAMONTE, ROSEANNE  
Address: 45 N.W. 203 TERRACE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEANNE CHIARAMONTE

PRES

04/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date