



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000009268</b>	
1. Entity Name <b>VAN BUREN APARTMENTS, INC.</b>	

Principal Place of Business <b>1656 - 58 VAN BUREN STREET APT. #16 HOLLYWOOD, FL 33020 US</b>	Mailing Address <b>171 WASHINGTON AVE. MILLTOWN, NJ 08850 US</b>
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DO NOT WRITE IN THIS SPACE

	
04092007 No Chg-P	CR2E034 (11/05)
4. FEI Number <b>59-3434990</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**DOZENKO, PETER  
1656 VAN BUREN STREET  
# 16  
HOLLYWOOD, FL 33020**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1000000203589 04/20/07-80147-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PMD DOZENKO, PETER 171 WASHINGTON AVE. MILLTOWN, NJ 08850</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV DOZENKO, LUDMILA 171 WASHINGTON AVE MILLTOWN, NJ 08850</b>
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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 807, 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:**  **4-9-07** **908-616-6933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #