2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000107995

1. Entity Name
T.P. APARTMENTS, INC.

Principal Place of Business	Mailing Address
7520 SW 57 AVE, G-1 MIAMI, FL 33143	7520 SW 57 AVE, G-1 MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0818669
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEUTCH, RICHARD E JR
1 SE 3RD AVE
STE 3050
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000434300
02/24/06-80058-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUTTOE, NORMA
STREET ADDRESS	7520 SW 57 AVE, G-1
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	ST
NAME	BLANK, CATHY
STREET ADDRESS	7520 SW 57 AVE, G-1
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	P
NAME	WALTON, ATHENA
STREET ADDRESS	7520 SW 57 AVE, G-1
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	

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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 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: Athena Walton 2-6-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #