


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000107995</b> 1. Entity Name T.P. APARTMENTS, INC.	
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Principal Place of Business 7520 SW 57 AVE, G-1 MIAMI, FL 33143	Mailing Address 7520 SW 57 AVE, G-1 MIAMI, FL 33143
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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0818669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTOE, NORMA 7520 SW 57 AVE, G-1 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLANK, CATHY 7520 SW 57 AVE, G-1 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTON, ATHENA 7520 SW 57 AVE, G-1 MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000621233  
02/12/07-80008-021 150.00

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IN THIS SPACE**

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:** Cathy Blank 2-7-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #