



FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000022883 <small>1. Entity Name</small> GINA APARTMENTS, INC.			Secretary of State	
<small>Principal Place of Business</small> 9765 SW 58 STREET MIAMI, FL 33173		<small>Mailing Address</small> 9765 SW 58 STREET MIAMI, FL 33173		
DO NOT WRITE IN THIS SPACE		 03242005 No Chg-P CR2E034 (10/03)		
		<small>4. FEI Number</small> 65-0822173		
		<small>Applied For</small> Not Applicable		
		<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required		
<small>6. Name and Address of Current Registered Agent</small> TAMAYO, FELIPE 9765 SW 58 STREET MIAMI, FL 33173		DO NOT WRITE IN THIS SPACE		
<small>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.</small>				
<small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> <small>DATE</small> _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
<small>TITLE</small>	D			
<small>NAME</small>	TAMAYO, FELIPE			
<small>STREET ADDRESS</small>	9765 SW 58 STREET			
<small>CITY - ST - ZIP</small>	MIAMI, FL 33173			
<small>TITLE</small>	D			
<small>NAME</small>	TAMAYO, GEORGINA			
<small>STREET ADDRESS</small>	9765 SW 58 STREET			
<small>CITY - ST - ZIP</small>	MIAMI, FL 33173			
<small>TITLE</small>				
<small>NAME</small>				
<small>STREET ADDRESS</small>				
<small>CITY - ST - ZIP</small>				
<small>TITLE</small>				
<small>NAME</small>				
<small>STREET ADDRESS</small>				
<small>CITY - ST - ZIP</small>				
<small>TITLE</small>				
<small>NAME</small>				
<small>STREET ADDRESS</small>				
<small>CITY - ST - ZIP</small>				
<small>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.</small>				
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"><div><small>Date</small> 04/17/05</div><div><small>Daytime Phone #</small> 305-271-4046</div></div>		