

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000070868**

**1. Entity Name**  
**SAN SOUCI APARTMENTS, INC.**



**Principal Place of Business**  
**13295 BISCAYNE BAY TERRACE**  
**NORTH MIAMI, FL 33181**

**Mailing Address**  
**13295 BISCAYNE BAY TERRACE**  
**NORTH MIAMI, FL 33181**



02222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0862624**

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

Applied For  
Not Applicable

**5. Name and Address of Current Registered Agent**

**AMOILS, DENNIS**  
**13295 BISCAYNE BAY TERRACE**  
**MIAMI, FL 33181**

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IN THIS SPACE**

**6. 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** \_\_\_\_\_

**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**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PSTD**  
**AMOILS, DENNIS**  
**13295 BISCAYNE BAY TERRACE**  
**NORTH MIAMI BEACH, FL 33181**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
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**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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/06**  
Date

Daytime Phone #