

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000083937

1. Entity Name
APARTMENT CONNECTION USA, INC.



FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90083 027 ***150.00

Principal Place of Business
8264 S.W. 179TH TERRACE
MIAMI, FL 33157

Mailing Address
8264 S.W. 179TH TERRACE
MIAMI, FL 33157



2. Principal Place of Business

3. Mailing Address

01252005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0863972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARANGO, PILAR
11711-SW-181-STREET
MIAMI, FL 33177

Name Pilar ARANGO

Street Address (P.O. Box Number Is Not Acceptable)

8264 SW 179 Terr.

City

MIAMI

FL

Zip Code

33157

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

Pilar ARANGO Pres.

Pilar Arango

1/25/05

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ARANGO, PILAR
8264 SW 179 TERR
MIAMI, FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ARANGO, ROBERT
8264 SW 179 TERR
MIAMI, FL 33187 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Pilar Arango

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 305-951-5083

Date

Daytime Phone #