2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 08:00 Al Secretary of State

1. Entity Name

PEMBROKE VILLAS APARTMENTS, INC.



Principal Place of Business

Mailing Address

5709 N.W. 158TH STREET MIAMI LAKES, FL 33014

5709 N.W. 158TH STREET MIAMI LAKES, FL 33014



DO NOT WRITE IN THIS SPACE

02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0983523 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEZY, LEWIS V 5709 N.W. 158TH STREET MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	surpose of changing its registered off	ice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable (NOTE: Registered Agent	t signature	required when reinstating)	DATE
FIL After M	E NOW } FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000361439 04/03/08-80011-014 158.75
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEZY, LEWIS V 5709 N.W. 158TH STREET MIAMI LAKES, FL 33014				and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information supplied with this filing does are challfy 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 trusted empowered the 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 in other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND PIPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

(305) 831-0330