


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90065 018 ***158.75

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| DOCUMENT # P99000068242 |  |
| 1. Entity Name ADAMS APARTMENTS, INC. | |

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| Principal Place of Business 175-20 N.W.17TH AVENUE MIAMI, FL 33056 | Mailing Address 175-20 N.W.17TH AVENUE MIAMI, FL 33056 |
|--|--|

60020100



01242007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0944958 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent |
| MOHAMMED, PAULINE 175-20 NW 17TH AVENUE MIAMI, FL 33056 |

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOHAMMED, PAULINE 175-20 N.W. 17TH AVENUE MIAMI, FL 33056 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOHAMMED, EJAZUL 175-20 N.W. 17TH AVENUE MIAMI, FL 33056 |
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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: Pauline Mohammed Pauline Mohammed 1/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #