

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000076331

1. Entity Name
BROADFIELD APARTMENTS CORP.



Principal Place of Business
**6508 MOONSHELL CT.
ORLANDO, FL 32819**

Mailing Address
**6508 MOONSHELL CT.
ORLANDO, FL 32819**



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3640757

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GUZMAN, MARIA I
6508 MOONSHELL CT.
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2004 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	PD GUZMAN, FRANCISCO 6508 MOONSHELL CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUZMAN, MARIA 6508 MOONSHELL CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUZMAN JR, FRANCISCO 6565 HIDDEN BEACH BLVD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, AGNERI 5214 CONCH CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, DAMARY 6508 MOONSHELL CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000000839
02/26/04-80034-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

Maria I. Guzman **MARIA I. GUZMAN** 2/19/04 407
578-5693