


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P99000076331	
1. Entity Name BROADFIELD APARTMENTS CORP.	

Principal Place of Business 6508 MOONSHILL CT. ORLANDO, FL 32819	Mailing Address 6508 MOONSHILL CT. ORLANDO, FL 32819
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02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3640757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GUZMAN, MARIA I 6508 MOONSHILL CT. ORLANDO, FL 32819
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**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 _____ (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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUZMAN, FRANCISCO 6508 MOONSHILL CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUZMAN, MARIA 6508 MOONSHILL 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 MOONSHILL CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/07-80005-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Maria I Guzman Sec. Treas.* 3/7/07 407 598-5693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #