


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90160 045 ***163.75

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**



04252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Winter Garden Apts.

Suite, Apt. #, etc.
521 S Park Ave

City & State
Winter Garden

3. Mailing Address
6508 Moonshell Ct

Suite, Apt. #, etc.
Orlando FL

City & State
Orlando FL

Zip
34789

Country
ORANGE

Zip
32819

Country
ORANGE

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUZMAN, MARIA 6508 MOONSHELL CT ORLANDO, FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUZMAN JR, FRANCISCO 6565 HIDDEN BEACH BLVD ORLANDO, FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, AGNERI 5214 CONCH CT ORLANDO, FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, DAMARY 6508 MOONSHELL CT ORLANDO, FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUZMAN, MARIA I. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6508 moonshell ct. ORLANDO FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUZMAN, MARIA I. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6508 moonshell ct ORLANDO FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUZMAN FRANCISCO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6565 Hidden Beach Cir. ORLANDO FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Stacey FERNANDEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5214 Conch Ct. ORLANDO FL 32819

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* Date: *4/26/08* Daytime Phone #: *407-578-5693*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR