
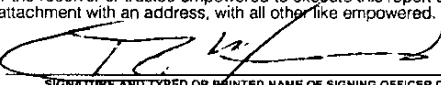


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90292 023 \*\*\*150.00

<b>DOCUMENT # V09213</b> 1. Entity Name <b>83 APARTMENT CORPORATION</b>					
Principal Place of Business <b>2701 LE JEUNE RD</b> <b>410</b> <b>CORAL GABLES, FL 33134</b>			Mailing Address <b>2701 LE JEUNE RD</b> <b>410</b> <b>CORAL GABLES, FL 33134</b>		
2. Principal Place of Business <b>804 DOUGLAS ROAD</b> Suite, Apt. #, etc. <b>565</b>		3. Mailing Address <b>804 DOUGLAS ROAD</b> Suite, Apt. #, etc. <b>565</b>			
City & State <b>CORAL GABLES FL</b>		City & State <b>CORAL GABLES FL</b>		4. FEI Number <b>65-0340683</b>	
Zip <b>33134</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DE OLIVEIRA, CRISTINA</b> <b>2701 LE JEUNE RD</b> <b>SUITE 345</b> <b>CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>804 DOUGLAS ROAD 565</b> City <b>CORAL GABLES FL</b> Zip Code <b>33134</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID <b>MESA, RAUDEL</b> <b>2701 LE JEUNE ROAD, SUITE 345</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MESA RAUDEL</b> <b>804 DOUGLAS ROAD 565</b> <b>CORAL GABLES FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>MESA, RENALDO</b> <b>2701 LE JEUNE ROAD, SUITE 345</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>MESA RENALDO</b> <b>804 DOUGLAS ROAD 565</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			4/26/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		