



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # V26456</b> 1. Entity Name CENTRAL CITY APARTMENTS CORPORATION	
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Principal Place of Business 8500 N.W. 25TH AVENUE MIAMI, FL 33147	Mailing Address 8500 N.W. 25TH AVENUE MIAMI, FL 33147
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**DO NOT WRITE IN THIS SPACE**

FILED  
05 MAY 31 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0509932	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE URBAN LEAGUE OF GREATER MIAMI, INC.  
8500 N.W. 25TH AVENUE  
MIAMI, FL 33147

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
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10. OFFICERS AND DIRECTORS

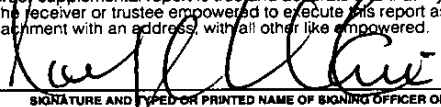
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANON, JUDITH 6720 SW 124TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FAIR, TALMADGE W 8500 NW 25TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROULHAC, PETER W 201 S BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYNN C. WASHINGTON 701 BRICKELL AVE STE 3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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*8/36/3*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  04/25/05 305-696-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #