


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90029 020 ***150.00

DOCUMENT # 252066
 1. Entity Name
JEFFERSON APARTMENTS, INC.



Principal Place of Business: **707 SOUTH 19 AVENUE HOLLYWOOD FL 33020**
 Mailing Address: **707 SOUTH 19 AVENUE HOLLYWOOD FL 33020**

34005431



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **NO-T APPLICABLE**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BOLDUC, MAX
707 S 19TH AVE
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City: **FL** Zip Code

B. 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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP PRESIDENT	<input type="checkbox"/> Delete
NAME	BOLDUC, MAX	
STREET ADDRESS	707 SOUTH 19 AVENUE APT.7	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEAVault, LOUISE	
STREET ADDRESS	707 S. 19TH AVE., APT. 3	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DEVAULT, M.-JEAN-	
STREET ADDRESS	707 S. 19TH AVE., APT. 3	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOLDUC, LUCIE B MRS	
STREET ADDRESS	707 S. 19TH AVE., APT. 7	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRS. GISELE BERTRAND	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. GISELE BERTRAND	
STREET ADDRESS	801 S.W. 11AVE.	
CITY-ST-ZIP	HALLANDALE 32009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: M. L. Bolduc Date: Feb 6/04 Daytime Phone #: 954-922-5760