

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90018 030 ***150.00

DOCUMENT # 309134
 1. Entity Name
 E. S. P. A. APTS., INC.



Principal Place of Business Mailing Address
 1909 79TH STREET CAUSEWAY 3675 S.W. 24 STREET
 MIAMI BEACH, FL 33141 MIAMI, FL 33145

94016971



DO NOT WRITE IN THIS SPACE

01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1164747 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SACHS, KARL M CPA
 C/O SACHS & FOCARACCI, P.A.
 3675 S.W. 24 STREET
 MIAMI, FL 33145

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: *[Signature]* DATE: *02/10/04*
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	STEINHARDT, RAPHAEL
STREET ADDRESS	2121 N.E. 190 TERRACE
CITY-ST-ZIP	NORTH MIAMI, FL 33179
TITLE	PD
NAME	DUNPHY, JOAN S
STREET ADDRESS	P.O. BOX 669
CITY-ST-ZIP	FAR HILLS, NY 07931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* DATE: *2/9/04* DAYTIME PHONE #: *305-354-8761*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR