


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 309134**

1. Entity Name  
 E. S. P. A. APTS., INC.



Principal Place of Business  
 1909 79TH STREET CAUSEWAY  
 MIAMI BEACH, FL 33141

Mailing Address  
 3675 S.W. 24 STREET  
 MIAMI, FL 33145

**DO NOT WRITE IN THIS SPACE**



01122005 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

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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, 2005 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	STD STEINHARDT, RAPHAEL 2121 N.E. 190 TERRACE NORTH MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNPHY, JOAN S P.O. BOX 669 FAR HILLS, NY 07931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/29/05-80063-008 150.00

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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 and I agree to report 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 affidavit with all other like empowered.

SIGNATURE: [Signature] **RAPHAEL STEINHARDT** Date 1/29/05 Daytime Phone # 305-987-0772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR