


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90005 027 ****61.25

DOCUMENT # 721250
 1. Entity Name
 HOLIDAY APARTMENTS, INC.



Principal Place of Business 3212 NE 7TH PLACE APARTMENT 12A POMPANO BEACH, FL 33062-4549 US	Mailing Address 3212 NE 7TH PLACE APARTMENT 12A POMPANO BEACH, FL 33062-4549 US
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07122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1799242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUGGIERO, GINA
 3212 N.E. 7TH PLACE
 APT 12A
 POMPANO BEACH, FL 33062

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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)

Filing Fee is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	NS
NAME	MAX MICHAEL
STREET ADDRESS	3212 NE 7TH PL
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	TD
NAME	RUGGIERO, GINA
STREET ADDRESS	3212 NE 7TH PL
CITY - ST - ZIP	POMPANO BEACH, FL
TITLE	VD
NAME	CRETELLA, JOE
STREET ADDRESS	3212 NE 7TH PL
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	D
NAME	GREEN, LEE
STREET ADDRESS	3212 NE 7TH PL
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	SB PD
NAME	CRANFIELD, NANCY
STREET ADDRESS	3212 NE 7TH PL
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 empowered to execute this report as required by Chapter 617, 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: Gina Ruggiero (GINA RUGGIERO) 7-19-04 (954) 785-1687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #