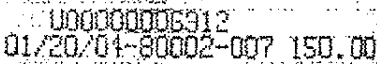
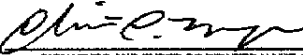


**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 180510 1. Entity Name HOLSTON APARTMENTS INC			
Principal Place of Business 1345 ALEGRIANO AVE. CORAL GABLES, FL 33146		Mailing Address 1345 ALEGRIANO AVE. CORAL GABLES, FL 33146	
DO NOT WRITE IN THIS SPACE			
		01152004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-6074552	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOYLAN, CLINT C. 1345 ALEGRIANO AVE. CORAL GABLES, FL 33146		DO NOT WRITE IN THIS SPACE	
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 _____ 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, 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	PS	 DO NOT WRITE IN THIS SPACE	
NAME	MOYLAN, CLINT C.		
STREET ADDRESS	1345 ALEGRIANO AVE.		
CITY-ST-ZIP	CORAL GABLES, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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)(f), 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:  President Clint C. Moylan		1/16/04 (305) 667-1749	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	