

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90005 022 \*\*\*150.00

**DOCUMENT # 227901**  
1. Entity Name  
J.K. APARTMENTS INC.



Principal Place of Business: C/O SHEP EDELSTEIN, 216 43RD STREET, MIAMI BEACH, FL 33140-3202 US  
Mailing Address: C/O SHEP EDELSTEIN, 216 43RD STREET, MIAMI BEACH, FL 33140-3202 US

94034330

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: 9365 COLLINS AVE.  
City & State: SURESIDE, FL  
Zip: 33154



03122004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-0873524  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

Applied For:  Not Applicable

6. Name and Address of Current Registered Agent  
EDELSTEIN, BERNARD S  
9365 COLLINS AVE  
SURFSIDE, FL 33154

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

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)

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

| 10. OFFICERS AND DIRECTORS   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
|--|---------------------------------|---|--|
| TITLE: PD<br>NAME: EDELSTEIN, A. J.<br>STREET ADDRESS: 40 ISLAND AVENUE<br>CITY-ST-ZIP: MIAMI BEACH, FL        | <input type="checkbox"/> Delete | TITLE: PD<br>NAME: EDELSTEIN, A.J.<br>STREET ADDRESS: 9365 COLLINS AVE.<br>CITY-ST-ZIP: SURFSIDE, FL 33154    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VD<br>NAME: EDELSTEIN, BERNARD<br>STREET ADDRESS: 9365 COLLINS AVENUE<br>CITY-ST-ZIP: SURFSIDE, FL      | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: S<br>NAME: EDELSTEIN, MARGARET<br>STREET ADDRESS: 9341 COLLINS AVE APT 708<br>CITY-ST-ZIP: SURFSIDE, FL | <input type="checkbox"/> Delete | TITLE: S<br>NAME: EDELSTEIN, MARGARET<br>STREET ADDRESS: 9365 COLLINS AVE.<br>CITY-ST-ZIP: SURFSIDE, FL 33154 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                     | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                     | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                     | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: Bernard Edelstein DATE: 3/19/04 205 864-0842  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #