


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90173 038 \*\*\*150.00

**DOCUMENT # 260051**  
 1. Entity Name  
**ESQUIRE APARTMENTS, INC.**



Principal Place of Business 3525 POLK ST APT 4 HOLLYWOOD, FL 33021 US	Mailing Address 3525 POLK ST APT 4 HOLLYWOOD, FL 33021 US
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94069162

**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1087994</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 PAYNE, JEAN  
 3525 POLK ST  
 APT #  
 HOLLYWOOD, FL 33021

**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 \_\_\_\_\_ 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 NAME STREET ADDRESS CITY-ST-ZIP	P PAYNE, JEAN 3525 POLK ST APT 1 HOLLYWOOD, FL 33021 <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COCUZZO, GIANCARLO 5624 HOLLYWOOD BLVD HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JOHN 3525 POLK ST APT 16 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RESTREPO, JOSE 3525 POLK STREET APT 6 HOLLYWOOD, FL 33021 <i>CHANGE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROL A. HANSON SEC. 3525 POLK ST # 5 HOLLYWOOD, FLA. 33021 <i>ADD</i>
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 another like empowered.

SIGNATURE: *[Signature]* (TREASURER) **4-20-04** **954-763-6987**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #