2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-06-2006 90096 041 ***150.00
03-14-2006 90037 008 ***150.00

DOCUMENT # 260051

1. Entity Name
ESQUIRE APARTMENTS, INC.

Principal Place of Business	Mailing Address
3525 POLK ST APT 12 HOLLYWOOD, FL 33021 US	3525 POLK ST APT 12 HOLLYWOOD, FL 33021 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01092006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1087994 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VIIKINNIEMI, HEIKKI 3525 POLK ST #11 HOLLYWOOD, FL 33021	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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	T ☒ Delete	TITLE	T ☐ Change ☒ Addition
NAME	DOBROWOLSKI, ZOFIA	NAME	SARIANNO ELU
STREET ADDRESS	3525 POLK ST #12	STREET ADDRESS	3525 POLK ST #9
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	Hollywood FL 33021
TITLE	V ☒ Delete	TITLE	VP ☐ Change ☒ Addition
NAME	LAPORTE, SHERIDAN	NAME	BOB Reger
STREET ADDRESS	1870 S OCEAN BLVD #703	STREET ADDRESS	3525 Polk ST #8
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	Hollywood FL 33021
TITLE	P ☒ Delete	TITLE	P ☐ Change ☒ Addition
NAME	VILLKINNIEMI, HEIKKI	NAME	ADAM STOUT
STREET ADDRESS	3525 POLK ST #11	STREET ADDRESS	3525 POLK ST #11
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	Hollywood FL 33021
TITLE	S ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	HANSON, CAROL A	NAME	
STREET ADDRESS	3525 PLK CT #5	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REGER, ROBERT	NAME	
STREET ADDRESS	3525 POLK ST #8	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/28/06 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #