

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90057 044 ***150.00

40021781



01242007 Chg-P CR2E034 (12/06)

DOCUMENT # 260051			
1. Entity Name ESQUIRE APARTMENTS, INC.			
Principal Place of Business 3525 POLK ST APT 12 HOLLYWOOD, FL 33021 US		Mailing Address 3525 POLK ST APT 12 HOLLYWOOD, FL 33021 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 40 State Realty	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5505 Pembroke Rd	
City & State		City & State Hollywood FL	
Zip	Country	Zip	Country
33021		33021	
4. FEI Number 59-1087994		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent -		7. Name and Address of New Registered Agent	
VIKINNIEMI, HEIKKI 3525 POLK ST #11 HOLLYWOOD, FL 33021		Name State Realty	
		Street Address (P.O. Box Number is Not Acceptable) 5505 Pembroke Rd	
		City Hollywood	
		FL Zip Code 33021	
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: <u>CDW PRES.</u>		DATE: <u>2/15/07</u>	
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELU, SARIANNO 3525 POLK ST #9 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Last name spelling <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition E10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REGER, BOB 3525 POLK ST #8 HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert. S. viscount. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3525 Polk #12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOUT, ADAM 3525 POLK ST #11 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGER, ROBERT 3525 POLK ST #8 HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Murphy V.P. 3525 Polk #16 Hollywood, Fla. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u>CDW</u>		DATE: <u>2/15/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	