


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90186 027 \*\*\*150.00

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



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

Mailing Address  
 C/O STATE REALTY  
 5505 PEMBROKE RD.  
 HOLLYWOOD, FL 33021 US

40036258



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

02242008 Chg-P CR2E034 (12/06)

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  
 STATE REALTY  
 5505 PEMBROKE RD.  
 #11  
 HOLLYWOOD, FL 33021

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	ELO, SARINNA	
STREET ADDRESS	3525 POLK ST #9	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	V	<input type="checkbox"/> Delete
NAME	VISCOUNT, ROBERT S	
STREET ADDRESS	3525 POLK ST #8	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	P	<input type="checkbox"/> Delete
NAME	STOUT, ADAM	
STREET ADDRESS	3525 POLK ST #11	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MURPHY, JOHN	
STREET ADDRESS	3525 PARK #16	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELO, SARIANNA	
STREET ADDRESS	3525 POLK ST # 9	
CITY-ST-ZIP	HOLLYWOOD	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISCOUNT ROBERT S.	
STREET ADDRESS	3525 POLK ST # 8	
CITY-ST-ZIP	HOLLYWOOD FL, 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *CEO* PRESIDENT 2/25/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davtne Phone #