

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90018 030 \*\*\*150.00

**DOCUMENT # 309134**

1. Entity Name  
**E. S. P. A. APTS., INC.**



Principal Place of Business

**1909 79TH STREET CAUSEWAY  
MIAMI BEACH, FL 33141**

Mailing Address

**3675 S.W. 24 STREET  
MIAMI, FL 33145**

**94016971**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1164747**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**SACHS, KARL M CPA  
C/O SACHS & FOCARACCI, P.A.  
3675 S.W. 24 STREET  
MIAMI, FL 33145**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

**02/10/04**

**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          | STD                   |
| NAME           | STEINHARDT, RAPHAEL   |
| STREET ADDRESS | 2121 N.E. 190 TERRACE |
| CITY-ST-ZIP    | NORTH MIAMI, FL 33179 |
| TITLE          | PD                    |
| NAME           | DUNPHY, JOAN S        |
| STREET ADDRESS | P.O. BOX 669          |
| CITY-ST-ZIP    | FAR HILLS, NY 07931   |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/04 35-354-0761**

Date

Daytime Phone #