


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 373889</b> 1. Entity Name <b>SORKIN'S WINDSOR APARTMENTS, INC.</b>	
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Principal Place of Business <b>4721 UNIVERSITY DR. CORAL GABLES FL 33146</b>	Mailing Address <b>5821 REDDMAN RD CHARLOTTE NC 28212 US</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-1309478</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>SORKIN, LARRY 4721 UNIVERSITY DR. CORAL GABLES FL 33146</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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
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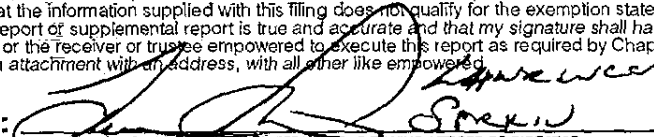
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	STD <input type="checkbox"/> Delete
NAME	SORKIN, SELMA
STREET ADDRESS	10 EDGEWATER DR. #6G
CITY- ST- ZIP	CORAL GABLES FL 33133
TITLE	V <input type="checkbox"/> Delete
NAME	SORKIN, LAWRENCE
STREET ADDRESS	5821 REDDMAN RD
CITY- ST- ZIP	CHARLOTTE NC 28212
TITLE	V <input type="checkbox"/> Delete
NAME	SORKIN, STEVE
STREET ADDRESS	11800 FARMLAND DRIVE
CITY- ST- ZIP	ROCKVILLE MD
TITLE	V <input type="checkbox"/> Delete
NAME	LOS BEN, JUDITH
STREET ADDRESS	210 W. RITTENHOUSE SQUARE #2507
CITY- ST- ZIP	PHILADELPHIA PA
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000255517
CITY- ST- ZIP	03/08/05-80017-019 150.00
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	
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 exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report of 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: 	Date: <b>3/1/2005</b>	Daytime Phone #: <b>704-532-0750</b>
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