


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

| | |
|--|---|
| DOCUMENT # 373889 1. Entity Name SORKIN'S WINDSOR APARTMENTS, INC. |  |
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|---|---|
| Principal Place of Business 4721 UNIVERSITY DR. CORAL GABLES FL 33146 | Mailing Address 5821 REDDMAN RD CHARLOTTE NC 28212 US |
|---|---|



1st MOORE CR2E034 (10/04)

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|-----|---------|
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-1309478 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SORKIN, LARRY 4721 UNIVERSITY DR. CORAL GABLES FL 33146 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|

| 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: *Larry Sorkin* 3/1/2005 704-532-0750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #