

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 373889

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: SORKIN'S WINDSOR APARTMENTS, INC.

**Current Principal Place of Business:**

4721 UNIVERSITY DR.  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

C/O R & S MGMT  
1981 IN PEASE PL.M STE 101  
CHARLOTTE, NC 282624529 US

**New Mailing Address:**

C/O R & S MGMT  
1981 J N PEASE PL., STE 101  
CHARLOTTE, NC 282624529 US

FEI Number: 59-1309478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SORKIN, LARRY  
4721 UNIVERSITY DR.  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: SORKIN, SELMA,  
Address: 10 EDGEWATER DR. #6G  
City-St-Zip: CORAL GABLES, FL 33133

Title: V ( ) Delete  
Name: SORKIN, LAWRENCE,  
Address: 1981 I.N PEASE PL, STE 101  
City-St-Zip: CHARLOTTE, NC 282624529

Title: V ( ) Delete  
Name: SORKIN, STEVE  
Address: 11800 FARMLAND DRIVE  
City-St-Zip: ROCKVILLE, MD

Title: V ( ) Delete  
Name: LOSBEN, JUDITH  
Address: 210 W. RITTENHOUSE SQUARE #2507  
City-St-Zip: PHILADELPHIA, PA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE SORKIN

V

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date