


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90021 047 ****61.25

DOCUMENT # 703112			
1. Entity Name MARIE ANTOINETTE APARTMENTS, INC.			
Principal Place of Business 2221 N ATLANTIC BLVD FT. LAUDERDALE FL 33305 US		Mailing Address 255 CLOVER RIDGE FORT THOMAS KY 41075 US	
2. Principal Place of Business		3. Mailing Address 34 OBSERVATORY PT. DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WILDER, KY		City & State WILDER, KY	
Zip 41076	Country U.S.A.	4. FEI Number 59-1228129	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PHIL SOUSA 2221 N ATLANTIC BLVD FT LAUDERDALE FL 33305		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SCHILLING, RICK 289 COCONUT PALM RD BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SOUSA, J PHILIP 255 CLOVER RIDGE FORT THOMAS KY 41075 34 OBSERVATORY PT. DR. WILDER, KY 41076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPALDING, JOHN L 110 WESSEX COURT FORT THOMAS KY 41075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 617, 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: Phil Sousa		Date 2/1/04 Daytime Phone # 954-565-2223 513-543-8989	