


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 750779 1. Entity Name KURKI APARTMENTS, INC.	
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Principal Place of Business 126 S. "D" ST. APT. 5 LAKE WORTH, FL 33460	Mailing Address DIANE SALINA 404 TEQUESTA DRIVE TEQUESTA, FL 33469 US
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2003995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAMMI, EDWIN W  
508 LUCERNE AVENUE  
LAKE WORTH, FL

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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 \_\_\_\_\_

Filing 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	000000147509 05/03/04-80110-006 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RASI, MAIRE 126 S D STREET APT 4 LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIKI, MIRJA-LIISA 126 S D STREET APT 6 LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LA, RITA 126 S D STREET APT 2 LAKE WORTH, FL
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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 517, 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: Mirja-Liisa Piki 4/23/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone