

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P01000076823**

1. Entity Name  
**S&S APARTMENTS, INC.**



Principal Place of Business  
**1095 NORTH SHORE DRIVE  
MIAMI BEACH, FL 33141**

Mailing Address  
**1095 NORTH SHORE DRIVE  
MIAMI BEACH, FL 33141**

**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1131168</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STEIN, ERIC P ESQ  
913 NORMANDY DRIVE  
MIAMI BEACH, FL 33141**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000088241  
03/15/04-80044-008 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRILL, SARA 1095 NORTH SHORE DRIVE MIAMI BEACH, FL 33141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEPLICKI, SARA 1095 NORTH SHORE DRIVE MIAMI BEACH, FL 33141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEPLICKI, JAIME 1095 NORTH SHORE DRIVE MIAMI BEACH, FL 33141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRILL, RYAN 1095 NORTH SHORE DRIVE MIAMI BEACH, FL 33141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 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:**

*Sara Brill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/04*

Date

*305-8667671*

Daytime Phone #