2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000063199 1. Entity Name GURDAK APARTMENTS, INC.



02212004

FILED Feb 28, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

Applied For

Principal Place of Business

13251 S.W. 33RD CT. **DAVIE, FL 33330**

Mailing Address 13251 S.W. 33RD CT. Davie, FL 33330



No Chg-P

DO NOT WHITE IN 11113 SPACE				4. FEI Number Applied For			
	A CONTRACT OF THE PROPERTY OF	65-0444068			Not Applicable		
	ा कि निर्माण के उसम्ब		5. Certificate of Stat	us Desired 🔲	Fee Required		
	6. Name and Address of Current Regis	1	SAME COMPANY SAME SAME SAME SAME SAME SAME SAME SAME	<u> </u>			
	ALEXANDER S 7. 33RD CT. 33330		19 (Am. 18 m) 19 (Am. 19 m)	A CONTRACT OF THE PARTY OF THE	OT WRIT		
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							
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00		00 May Be ed to Fees				
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURDAK, ALEXANDER S 13251 S.W. 33RD CT. DAVIE, FL 33330				U0000000713		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURDAK, ALICE W 13251 S.W. 33RD CT. DAVIE, FL 33330				/01/04-800s	8-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KURAS, KATHY ANN 13300 SW 30TH COURT DAVIE, FL 333304625		AMERICAN S. S. A. A. C.	DO N	OT WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IS SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>व्यक्तिकारकार्वे विकास विकास विकास वि</u>				
TITLE NAME STREET ADDRESS				, . was	TO WITCHE TO	, , , , , , , , , , , , , , , , , , , ,	

12. I hereby certify that the information supplied with this filling 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.