


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90025 033 ***150.00

DOCUMENT # P96000053990					
1. Entity Name EGRETS APARTMENTS, INC.					
Principal Place of Business 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020			Mailing Address 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3385293	
				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 NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301			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 re-registering)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREICKER, JOHN H		NAME		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELLI, NOEL		NAME	Belli, Noel	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS	1251 Avenue of the Americas	
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP	New York, NY 10020	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASSIDY, MILLIE C		NAME	Cassidy, Millie C.	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS	1251 Avenue of the Americas	
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP	New York, NY 10020	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LONGO, ELIZABETH		NAME	Tietjen, George	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS	1251 Avenue of the Americas	
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP	New York, NY 10020	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WATTERS, CONNELL J		NAME	Weiner, David	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS	1251 Avenue of the Americas	
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP	New York, NY 10020	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GUTTENBERG, ELLYN		NAME	Weinberger, Michael	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS	1251 Avenue of the Americas	
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP	New York, NY 10020	

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: *Ellyn Guttenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05 212-408-5000

Date

Daytime Phone #