## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Feb 04, 2008 08:00 AN Secretary of State **DOCUMENT # P98000070872** 1. Entity Name 1840 ESQUIRE APARTMENTS, INC. Principal Place of Business Mailing Address 13295 BISCAYNE BAT TERR 13295 BISCAYNE BAT TERR NORTH MIAMI BEACH, FL 33181 NORTH MIAMI BEACH, FL 33181 CR2E034 (11/05) 01162008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0862621 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AMOILS, DENNIS DO NOT WRITE 13295 BISCAYNE BAY TERR NORTH MIAMI, FL 33181 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. (NOTE Registered Agent signature required when reinstating) <u> Միրգիջորուս բանին</u> 02/14/08-80032-013 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE AMOILOS, DENNIS NAME STREET ADDRESS 13295 BISCAYNE BAY TERR N MIAMI, FL 33181 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR P E OF SIGNING OFFICER OR DIRECTOR

Davime Phone #