

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 12, 2005  
Secretary of State

DOCUMENT# N04000010375

Entity Name: ESSENCE OF FIRE, INC.

**Current Principal Place of Business:**

19148 NW 33 AVENUE  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

19148 NW 33 AVENUE  
MIAMI GARDENS, FL 33056

**New Mailing Address:**

FEI Number: 20-2113686      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WILSON, KEISHA L  
19148 NW 33 AVENUE  
MIAMI GARDENS, FL 33056      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: WILSON, KEISHA L  
Address: 19148 NW 33 AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP      ( ) Delete  
Name: WILSON, GREGORY A SR.  
Address: 19148 NW 33 AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP      ( ) Delete  
Name: COX, ANJANET  
Address: 3442 NW 194 TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: TREA      ( ) Delete  
Name: WILLIAMS, ANDREA  
Address: 21080 NW 14 PLACE  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: B/M      ( ) Delete  
Name: ST. LOUIS, STEVE  
Address: 3805 EAST LAKE TERRACE  
City-St-Zip: MIRAMAR, FL 33023

Title: B/M      ( ) Delete  
Name: BALOGUN, DEBBIE  
Address: 75 NE 128 TERRACE  
City-St-Zip: NORTH MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEISHA WILSON

PRES

05/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date