

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000107177 1. Entity Name ESOLUTIONS ARCHITECTS, INC.		
Principal Place of Business 3400 BLUE LAKE DR., #E402 POMPANO BEACH, FL 33064		Mailing Address 3400 BLUE LAKE DR., #E402 POMPANO BEACH, FL 33064
2. Principal Place of Business 2833 NW 68 LANE Suite, Apt. #, etc.	3. Mailing Address 2833 NW 68 LANE Suite, Apt. #, etc.	
City & State MARGATE, FL	City & State MARGATE, FL	4. FEI Number 65-1055964
Zip 33063	Country	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MELVIN, SEAN 3400 BLUE LAKE DRIVE #E402 POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) 2833 NW 68 LANE City MARGATE FL Zip Code 33063
8. The above named entity accepts 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 DATE 5/1/2003 <small>Signature typed or printed name of registered agent and typed initials. (NOTE: Registered Agent's signature required when remaining)</small>		
FILE NOW!!! FEES IS \$160.00 After May 1, 2003 Fee will be \$580.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELVIN, SEAN <input type="checkbox"/> Delete 3400 BLUE LAKE DRIVE #E402 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2833 NW. 68 LANE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.		
SIGNATURE DATE 5/1/2003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Daytime Phone #

CR2E034 (10/02)