
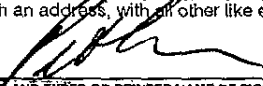


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000024754 1. Entity Name ESTERO BEEFS, INC.			
Principal Place of Business SHOPS AT GRAND OAKS ESTERO FL 33928		Mailing Address 20301 GRANDE OAKS SHOPPE BLVD STE 108 ESTERO FL 33928	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3248210		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 ENNIS, PETER 21219 BRAXFIELD LOOP ESTERO FL 33928		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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 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	P ENNIS, PETER	<input type="checkbox"/> Delete	
STREET ADDRESS	21219 BRAXFIELD LOOP		<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	ESTERO FL 33928		U00000213664 02/03/05-80072-021 150.00
TITLE	V MARTINEZ, JOHN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	7717 HABEHILL CT		
CITY-ST-ZIP	NAPLES FL 34104		
TITLE	S BENNETT, DAVID	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	11260 JACANA CT #2007		
CITY-ST-ZIP	FT MYERS FL 33908		
TITLE	T MARTINEZ, WILLIAM	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	107 HICKORY CR BLVD		
CITY-ST-ZIP	BRANDON FL 33511		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with or without other like empowered.			
SIGNATURE: 		Date: 2/1/05 (279) 949-4423	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	