
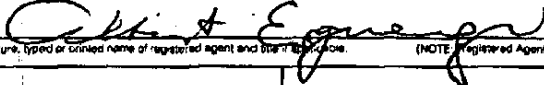



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

05-04-2004 90208 013 ***150.00

DOCUMENT # P03000033422					
1. Entity Name THE ESQUENAZI GROUP, INC.					
Principal Place of Business 5520 NW 35 AVE HIALEAH, FL 33142			Mailing Address 5520 NW 35 AVE HIALEAH, FL 33142		
2. Principal Place of Business			3. Mailing Address 19413 38 COURT		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State SUNNY ISLE BCH.		
Zip	Country	Zip	Country	4. FEI Number 58-2669811	
33160	USA	33160	USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ESQUENAZI, ALBERT 5520 NW 35 AVE HIALEAH, FL 33142				ALBERT ESQUENAZI Street Address (P.O. Box Number is Not Acceptable) 19413 38 COURT City SUNNY ISLE BCH. FL 33160	
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 4/22/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				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	TITLE	NAME
	PD	ESQUENAZI, MORRIS	5520 NW 35 AVE HIALEAH, FL 33142		
	SD	ESQUENAZI, SARA	5520 NW 35 AVE HIALEAH, FL 33142		
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: 				DATE 4/22/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

66427315



04292004 Chg-P CR2E034 (10/03)