2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000022018



FILED Apr 29, 2005 8:00 am Secretary of State

1. Entity Name EXPECTATION & SOLUTION TELEMARKETING CORP.						04-29-2005 90289 024 ***150.00				
Principal Place of Business Mailing Address										
7590 NW 186 ST STE 110 Miami, FL 33015		7590 NW 186 ST STE 110 Miami, FL 33015			**************************************					
Principal Place of Business 3. Mailing Address										
2. Principal Place of Business						DENN BIEN BENI 1200 EEN	 	DOINT (1988) 181	(1 00 1 11 1 00 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04212005 Chg-P CR2E034 (10/03)					
City & State		City & State			4. FEI Number	06439	65		pplied For ot Applicable	
Zip	Country	Zip Coun		try	ļ.	of Status Desired	\$	8.75 Add		
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	egistered Ag	ent		
DONADO, ANA B 7590 NW 186 ST STE 110			Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL	· · · · · · · · · · · · · · · · · · ·									
				City			FL	Zip Code	e	
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistere	-	ed agent, or bot	h, in the State of Flo				
the obligations of registered agent.										
SIGNATURE					when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF				
title Name	P DONADO, ANA B	☐ Defete	TITLE	;			(Change	Addition :	
STREET ADDRESS CITY-ST-ZIP	7590 NW 186 ST STE 110 MIAMI, FL 33015		*	et address -St-Zip						
TITLE	VP	Delete	TITLE				[Change	Addition	
NAME STREET ADDRESS	PEREIRA, RAFAEL A 7590 NW 186 ST., STE. 110	<i>[</i>	NAME STREE	ET ADDRESS					~	
CITY-ST-ZIP	MIAMI, FL 33015			-ST-ZIP						
TITLE NAME		Delete	TITLE NAME	;			Į	Change	Addition	
STREET ADDRESS CITY-ST-ZIP			#	et adoress -st-zip						
TITLE NAME		Delete	TITLE	1			[Change	Addition	
STREET ADDRESS			STREE	et address						
CITY-ST-ZIP TITLE	,	☐ Delete	CITY-	-ST-ZIP		·		Change	Addition	
NAME STREET ADDRESS		0000	NAME							
CITY-ST-ZIP				et adoress - St- Zip						
TITLE NAME		C Delete	TITLE	:			(Change	Addition	
STREET ADDRESS			STREE	ET ADDRESS						
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for f	the ever	ST-ZIP nption stated in Se	ction 119.07(3¥i), Florida Statutes I	further certify	v that the ir	ormation	
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 rustee empowered to execute this report as fedured 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.										