


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90030 005 ***150.00

DOCUMENT # P96000022070

1. Entity Name
ESQUIRE CORPORATE SERVICES, INC.



Principal Place of Business
C/O NICOLAS FERNANDEZ, P.A.
780 NW LE JEUNE RD STE 324
MIAMI, FL 33126 US

Mailing Address
780 NW LEJEUNE RD
SUITE 324
MIAMI, FL 33126 US

50000972



2. Principal Place of Business - No P.O. Box #
10 N.W. LE JEUNE ROAD

3. Mailing Address
10 N.W. LE JEUNE ROAD

Suite, Apt. #, etc.
SUITE 500

Suite, Apt. #, etc.
SUITE 500

City & State
MIAMI, FL

City & State
MIAMI, FL

01152007 Chg-P CR2E034 (12/06)

Zip
33126

Country

Zip
33126

Country

4. FEI Number
59-3385491

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ESQ CORP SERVICES
780 NW LE JEUNE RD
STE 324
MIAMI, FL 33126

7. Name and Address of New Registered Agent


Name
ESQ CORP SERVICES

Street Address (P.O. Box Number is Not Acceptable)
10 N.W. LE JEUNE ROAD, STE 500

City
MIAMI

FL Zip Code
33126

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: **1-16-07**

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$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	DP FERNANDEZ, NICOLAS 780 NW LE JEUNE RD #324 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, NICOLAS 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEREZ-FERNANDEZ, ANA 780 NW LE JEUNE RD #324 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEREZ-FERNANDEZ, ANA 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: **1-16-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR