


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000087866**

1. Entity Name  
**ESSEX CAPITAL CORP.**



Principal Place of Business <b>260 CRANDON BLVD SUITE 26 KEY BISCAVNE, FL 33149</b>	Mailing Address <b>260 CRANDON BLVD SUITE 26 KEY BISCAVNE, FL 33149</b>
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01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0706287</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORDOBA, MARIA  
260 CRANDON BLVD  
SUITE 26  
KEY BISCAVNE, FL 33149**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>CORDOBA, ALFONSO</b>
NAME	<b>260 CRANDON BLVD, STE 26</b>
STREET ADDRESS	<b>KEY BISCAVNE, FL 33149</b>
CITY-ST-ZIP	
TITLE <b>VPS</b>	<b>CORDOBA GOOD, MARIA CECILIA</b>
NAME	<b>260 CRANDON BLVD, STE 26</b>
STREET ADDRESS	<b>KEY BISCAVNE, FL 33149</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>GOOD, SIDNEY S</b>
NAME	<b>260 CRANDON BLVD, STE 26</b>
STREET ADDRESS	<b>KEY BISCAVNE, FL 33149</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>CORDOBA, CECILIA</b>
NAME	<b>260 CRANDON BLVD, STE 26</b>
STREET ADDRESS	<b>KEY BISCAVNE, FL 33149</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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01/29/05-80001-020 158.75

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Maria Cecilia Cordoba **1-26-2005 (305) 361-9800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #