


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000087866
 1. Entity Name
ESSEX CAPITAL CORP.



Principal Place of Business Mailing Address
260 CRANDON BLVD **260 CRANDON BLVD**
SUITE 26 **SUITE 26**
KEY BISCAWAYNE, FL 33149 **KEY BISCAWAYNE, FL 33149**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0706287 Not Applicable

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

6. Name and Address of Current Registered Agent

CORDOBA, MARIA
260 CRANDON BLVD
SUITE 26
KEY BISCAWAYNE, FL 33149

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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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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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: Maria Cecilia Cordoba Good **MARIA CECILIA CORDOBA GOOD, VPS** 02/01/2006 (305) 361-9800

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