

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003087

Entity Name: E. SPECIALISTS, INC.

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

4980 N. W. 165TH ST.
SUITE A3B
MIAMI LAKES, FL 33014

Current Mailing Address:

7467 NORTH WEST 169TH LANE
MIAMI, FL 33015

New Principal Place of Business:

4980 N. W. 165TH ST.
BUILDING # A3B
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-0886642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NG, AARON
7467 NORTH WEST 169TH LANE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

NG, AARON
4980 NORTH WEST 165 ST, BUILDING # A3B.
MIAMI LAKES, FL 33014 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

01/05/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: NGO, VI
Address: 5951 NORTH WEST 151 ST., SUITE 211
City-St-Zip: MIAMI LAKES, FL 33014

Title: P () Delete
Name: NG, AARON
Address: 5951 NW 151ST #211
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: LUO, PING
Address: 5951 NW 151 STREET, SUITE 211
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: NGO, VI
Address: 4980 NORTH WEST 165 ST, BUILDING # A3B.
City-St-Zip: MIAMI LAKES, FL 33014

Title: P (X) Change () Addition
Name: NG, AARON
Address: 4980 NORTH WEST 165 ST, BUILDING # A3B.
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP (X) Change () Addition
Name: LUO, PING
Address: 4980 NORTH WEST 165 ST, BUILDING # A3B.
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NG, AARON

Electronic Signature of Signing Officer or Director

P

01/05/2006

Date