## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 03, 2004 08:00 AM Secretary of State DOCUMENT # \$16086 1. Entity Name ESLO DEVELOPMENT CORPORATION Principal Place of Business Mailing Address C/O MR. JAIME GONZALEZ C/O MR. JAIME GONZALEZ 740 BLUEBIRD LANE PLANTATION FL 33324 740 BLUEBIRD LANE PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0303870 Not Applicable Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, JAIME Street Address (P.O. Box Number is Not Acceptable) 740 BLUEBIRD LANE PLANTATION FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title # applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change TITLE ☐ Detete IIILE U00000032179 ESCOBAR, JAIME NAME NAME 02/04/04-80180-001 150.00 740 BLUEBIRD LANE STREET ADDRESS STREET ADDRESS CTTY - ST - ZIP CITY-ST-ZIP PLANTATION FL ☐ Change Addition DVP ☐ Delete 75TEE STARRE GONZALEZ, JAIME NAME STREET ADDRESS STREET ADDRESS 740 BLUEBIRD LANE CITY -ST-ZIP PLANTATION FL CITY-ST-ZIP ☐ Addition Delete TITLE 7371 F CARSE. HAME STREET ADDRESS STREET ADDRESS CITY -ST - ZIP CITY-ST-ZIP Change Addition ☐ Delete HILE TRILE NAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CATY-ST-ZIP ☐ Change Addition Delete SIE F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HILE ☐ Change ☐ Addition शास NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GETY-ST-ZIP 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 suppliermental 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.

SAND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DRECTOR

**FILED**