## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P00000060605** 1. Entity Name ESPERANCE COUNSELING SERVICES, INC.

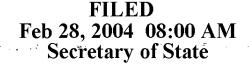
Mailing Address

Principal Place of Business 2000 SOUTH DALE HIGHWAY

4950 SW 75TH LN MIAMI, FL 33143

SUITE 104 COCONUT GROVE, FL 33133

SIGNATURE:





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02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1019353

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

SHAPIRO, JEFFREY B ESQ 201 SOUTH BISCAYNE BOULEVARD SUITE 400 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

the obligati	ions of registered agent.					
SIGNATURE_	Signature, typed or printed name of registered agent and title it	Applicable (NOTE Peristand A	gent eignature	required when relestation)	DATE	<u> </u>
<b></b>	Signature, types or printed marie or registered again, and too to	Approache. (11012 ) registered A	go it a griadare	required when roinstating)	T	*
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, HELENANN 4950 SW 75TH LANE MIAMI, FL 33143				U00000070077	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000070337 03/01/04-80038-020	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		***************************************				
indicated of the co	certify that the information supplied with this li on this report or supplemental report is true a poration or the receiver or trustee empowers , or on an attachment with an address, with at	and accurate and that my signatu d to execute this report as require	re shall ha	ve the same legal effe	ect as if made under oath; that I am an office	er or director

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