

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000086433

1. Entity Name
ESNAD CORPORATION



Principal Place of Business
**1390 BRICKELL AVENUE SUITE 200
MIAMI, FL 33131**

Mailing Address
**1390 BRICKELL AVENUE SUITE 200
MIAMI, FL 33131**



09082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1038086

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTILLO B., ALVARO
1390 BRICKELL AVENUE SUITE 200
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ALSALEH, MAJDI	
STREET ADDRESS	1390 BRICKELL AVENUE SUITE 200	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALSALEH, MAJDI	
STREET ADDRESS	1390 BRICKELL AVE STE 200	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASTILLO, ALVARO	
STREET ADDRESS	1390 BRICKELL AVE STE 200	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U000000172042
09/09/04-80009-001 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Majdi Alsaleh, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-04
Date

(305) 371-5540
Daytime Phone #