


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90034 005 \*\*\*150.00

**DOCUMENT # 287503**

1. Entity Name  
**ESQUIRE, INC.**



Principal Place of Business  
 1825 S W 82ND COURT  
 MIAMI, FL 33155

Mailing Address  
 1825 S W 82ND COURT  
 MIAMI, FL 33155

2. Principal Place of Business  
**6231 SW 116TH PLACE**

3. Mailing Address  
**6231 SW 116TH PLACE**

Suite, Apt. #, etc.  
**UNIT A**

Suite, Apt. #, etc.  
**UNIT A**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33173-4761**

Country

Zip  
**33172-4761**

Country

03152005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1084106**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SPELLMAN, MARION**  
**1825 S.W. 82ND CT.**  
**MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name  
**MARC SPELLMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**6231 SW 116TH PLACE**

**UNIT A**

City  
**MIAMI**

FL Zip Code  
**33172-4761**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>SPELLMAN, MARION<br>1825 SW 82 COURT<br>MIAMI, FL 33155, <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SPELLMAN, MARC<br>1825 SW 82 COURT<br>MIAMI, FL 33155, <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>SPELLMAN, MARC<br>6231 SW 116TH PLACE - UNIT A<br>MIAMI, FL 33172-4761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: *Marc Spellman* **3-28-05** **305 279 0198**

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