2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 422270

Entity Name: ESPIMAR CORP.

MARQUEZ, ELÍO L

850 W 53RD TERR

HIALEAH, FL 33012

Name:

Address:

City-St-Zip:

FILED Jun 30, 2005 Secretary of State

y		it contr.		
Current Principal Place of Business:			New Principal Place of Business:	
	STH AVENUE FL 33012			
Current Mailing Address:			New Mailing Address:	
	STH AVENUE FL 33012			
FEI Number	: 59-1447778	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
,	3RD ST. FL 33012	US		
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registered	I office or registered agent, or both,
SIGNATU	RE:			
Electronic Signature of Registered Agen			nt	Date
		93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	t receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ST (MARQUEZ, RO 1030 W. 53TH HIALEAH, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P (MARQUEZ, EL 1030 W. 53RE HIALEAH, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (MARQUEZ, DA 1030 W 53RD HIALEAH, FL	ST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROSA MARQUEZ ST 06/30/2005