

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90033 050 \*\*\*150.00

**DOCUMENT # 442578**

1. Entity Name  
ESPOSITO ENTERPRISES, INC.



Principal Place of Business

500 INTACOSTAL DR  
FT. LAUDERDALE, FL 33304

Mailing Address

45 CASTLE HARBOR ISLES  
FORT LAUDERDALE, FL 33308 US

**DO NOT WRITE IN THIS SPACE**



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1500319

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESPOSITO, (FRANK)  
45 CASTLE HARBOR ISLES  
FORT LAUDERDALE, FL 33308

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IN THIS SPACE**

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 \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ESPOSITO, FRANCO  
STREET ADDRESS 45 CASTLE HARBOR ISLES  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE VD  
NAME ESPOSITO, VINCENT  
STREET ADDRESS 500 INTRACOASTAL DRIVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK ESPOSITO

3/17/08 (954) 565-6087

Date

Daytime Phone #