


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 581943 1. Entity Name ESAN CORPORATION	
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Principal Place of Business 1580 W 35TH PL HIALEAH FL 33012 US	Mailing Address 1580 W 35TH PL HIALEAH FL 33012 US
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2. Principal Place of Business	3. Mailing Address	
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	
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City & State	City & State	4. FEI Number 59-1831700
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1st MOORE CR2E034 (10/05)

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**SANCHEZ, ENI G.
15987 SW 13 ST
PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete	NAME SANCHEZ, ENI G.
STREET ADDRESS	15987 SW 13 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	SD <input type="checkbox"/> Delete	NAME SANCHEZ, CARMEN
STREET ADDRESS	15987 SW 13 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	U00000523797	
CITY-ST-ZIP	05/03/06-80087-015 150.00	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eni G. Sanchez* (Seal) 3/27/06 786-4120881