## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2007 08:00 A **Secretary of State DOCUMENT #844806** ESSINGTON COMPANY, N.V. CORPORATION Principal Place of Business Mailing Address 3383 NW 7 STREET 3383 NW 7 STREET SUITE 301 SUITE 301 MIAMI, FL 33125 MIAMI, FL 33125 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-1977675 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAHEROUDIS, VASILIO DO NOT WRITE 3383 NW 7TH STREET #301 MIAMI, FL 33125 IN THIS SPACE 3. 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. (NOTE, Registered Agent signature required when reinstalling) Signature, typed or printed name of registered agent and title if applicable. U00000604506 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U1/29/07-80056-023 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MAHEROUDIS, VASILIO NAME STREET ADDRESS **3358 NW 7 STREET** MIAMI, FL 33125 CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TELE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 ar th all other like empowered.

SIGNATURE: \_

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date