

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001257

Entity Name: ESPLYACK COMPANY

FILED  
Mar 16, 2009  
Secretary of State

**Current Principal Place of Business:**

BRITISH AMERICA INSURANCE HOUSE  
2ND FLR, MARLBOROUGH ST, CB-12399  
NASSAU, BAHAMAS, B BAHAMAS OC

**New Principal Place of Business:**

**Current Mailing Address:**

17047 BOCA CLUB BLVB  
141 B  
BOCA RATON, FL 33487

**New Mailing Address:**

656 BOCA MARINA CT  
BOCA RATON, FL 33487

FEI Number: 06-1770368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BSPA CORPORATE SERVICES, INC.  
350 E. LAS OLAS BLVD., SUITE 1000  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: ESPINASSE, GUY  
Address: 17047 BOCA CLUB BLVD  
City-St-Zip: BOCA RATON, FL 33487

Title: V ( ) Delete  
Name: ESPINASSE, JULIETTE  
Address: 17047 BOCA CLUB BLVD  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: ESPINASSE, KARINE  
Address: 656 BOCA MARINA CT  
City-St-Zip: BOCA RATON, FL 33487

Title: V (X) Change ( ) Addition  
Name: ESPINASSE, JULIETTE  
Address: 656 BOCA MARINA CT  
City-St-Zip: BOCA RATON, FL 33487

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

SIGNATURE: JESPINASSE

V

03/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date