2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004
Secretary of State

DOCUMENT# F30070

Entity Name: ESSEX EXPORTS, INC.

Current Principal Place of Business:

550 SW 12 AVENUE
DEERFIELD BCH, FL 33442

New Principal Place of Business:

Current Mailing Address:

550 SW 12 AVENUE
DEERFIELD BCH, FL 33442

New Mailing Address:

FEI Number: 59-2094760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHFOOD, KEVIN
550 SW 12 AVENUE
DEERFIELD BEACH, FL 33442 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: SD ( ) Delete
Name: MAHFOOD, ROBIN,
Address: 550 SW 12 AVE.
City-St-Zip: DEERFIELD BCH, FL

Title: D ( ) Delete
Name: MAHFOOD, FERDINAND,
Address: 550 SW 12 AVE
City-St-Zip: DEERFIELD BCH, FL

Title: D ( ) Delete
Name: MAHFOOD, PATRICIA,
Address: 550 SW 12 AVE
City-St-Zip: DEERFIELD BCH, FL

Title: D ( ) Delete
Name: MAHFOOD, GAIL,
Address: 550 SW 12 AVE
City-St-Zip: DEERFIELD BCH, FL

Title: P ( ) Delete
Name: MAHFOOD, KEVIN
Address: 550 SW 12TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL

Title: V ( ) Delete
Name: MAHFOOD, FRANCIS
Address: 550 SW 12TH AVE
City-St-Zip: DEERFIELD BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KEVIN MAHFOOD PRES 02/24/2004

Electronic Signature of Signing Officer or Director — Date