



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5 **FILED**  
**Jun 19, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90014 015 \*\*\*150.00

<b>DOCUMENT # F78194</b> 1. Entity Name <b>FLORIKAN-E.S.A. CORP.</b>			
Principal Place of Business <b>1579 BARBER ROAD SARASOTA, FL 34240 US</b>		Mailing Address <b>1579 BARBER ROAD SARASOTA, FL 34240 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04282008 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2188696</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROSENTHAL, EDWARD 1523 EDGER PLACE SARASOTA, FL 34240</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
D ROSENTHAL, EDWARD 1579 BARBER ROAD SARASOTA, FL 34240			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
S ROSENTHAL, BETTY 1579 BARBER ROAD SARASOTA, FL 34240			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 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 another like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	