


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # J54012 1. Entity Name E.S. ENTERPRISES, INC.	
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Principal Place of Business % EDUARDO M. SIERRA 1516 HILLCREST STREET, SUITE 100 ORLANDO, FL 32803	Mailing Address % EDUARDO M. SIERRA 1516 HILLCREST STREET, SUITE 100 ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2770746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIERRA, EDUARDO M.
1516 HILLCREST STREET, SUITE 100
ORLANDO, FL 32803

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000046696 02/12/04-80011-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIERRA, EDUARDO M. 1742 WIND WILLOW ROAD BELLE ISLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAGDALENA, SIERRA 1742 WIND WILLOW ROAD BELLE ISLE, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Eduardo M. Sierra 2/9/04 (407) 895-4649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #