


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90263 017 \*\*\*150.00

<b>DOCUMENT # J54012</b> 1. Entity Name <b>E.S. ENTERPRISES, INC.</b>					
Principal Place of Business <b>% EDUARDO M. SIERRA</b> <b>1516 HILLCREST STREET, SUITE 100</b> <b>ORLANDO, FL 32803</b>			Mailing Address <b>% EDUARDO M. SIERRA</b> <b>1516 HILLCREST STREET, SUITE 100</b> <b>ORLANDO, FL 32803</b>		
2. Principal Place of Business <b>1742 WIND WILLOW RD.</b>		3. Mailing Address <b>1742 WIND WILLOW RD.</b>			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State <b>BELLE ISLE, FLA</b>		City & State <b>BELLE ISLE, FLA</b>		4. FEI Number <b>59-2770746</b>	
Zip <b>32809</b>		Country <b>ORANGE</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SIERRA, EDUARDO M.</b> <b>1516 HILLCREST STREET, SUITE 100</b> <b>ORLANDO, FL 32803</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> Zip Code _____		
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 title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SIERRA, EDUARDO M.</b> <b>1742 WIND WILLOW ROAD</b> <b>BELLE ISLE, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MAGDALENA, SIERRA</b> <b>1742 WIND WILLOW ROAD</b> <b>BELLE ISLE, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 all other like empowered.			SIGNATURE: <u><i>Eduardo M. Sierra</i></u> <b>3/22/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		