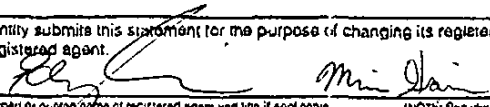
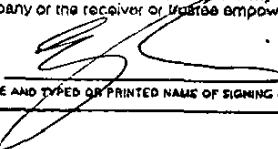


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90314 035 ****50.00

DOCUMENT # L04000039431					
1. Entity Name ESG ENTERPRISES, LLC					
Principal Place of Business 7034 GRAPEVIEW BLVD. LOXAHATCHEE, FL 33470			Mailing Address 7034 GRAPEVIEW BLVD. LOXAHATCHEE, FL 33470		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number				Applied For	
				☒ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARCIA, EDY 7034 GRAPEVIEW BLVD. LOXAHATCHEE, FL 33470			Name Marvin Garcia Street Address (P.O. Box Number is Not Acceptable) 7034 Grapeview Blvd City Loxshatchee FL Zip Code 33470		
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  DATE 5/13/05 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	CO-MGR	☐ Change ☒ Addition
NAME	GARCIA, EDY		NAME	Garcia, marvin	
STREET ADDRESS	7034 GRAPEVIEW BLVD.		STREET ADDRESS	7034 Grapeview Blvd	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP	Loxahatchee FL 33470	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statute. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			5/13/05 561-842 253-2690 DATE DAYTIME PHONE #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					