


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90404 034 ***138.75

DOCUMENT # L07000057369 1. Entity Name ESI ENTERPRISES, LLC					
Principal Place of Business 2520 N.W. 97 AVENUE, #230 DORAL, FL 33172			Mailing Address 2520 N.W. 97 AVENUE, #230 DORAL, FL 33172		
2. Principal Place of Business - No P.O. Box # 2510 NW 97th Ave.		3. Mailing Address 2510 NW 97th Ave.			
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100			
City & State Doral, FL		City & State Doral, FL			
Zip 33172	Country U.S.	Zip 33172	Country U.S.		
6. Name and Address of Current Registered Agent PORRO, JORGE 2520 N.W. 97 AVENUE, #230 DORAL, FL 33172			7. Name and Address of New Registered Agent Name Jorge Porro Street Address (P.O. Box Number is Not Acceptable) 2510 NW 97th Ave., Suite 100 City Doral FL Zip Code 33172		
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORRO, JORGE 2520 N.W. 97 AVENUE, #230 DORAL, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2510 NW 97th, Suite 100 Doral, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, IGOR 2520 N.W. 97 AVENUE, #230 DORAL, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2510 NW 97th, Suite 100 Doral, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 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: <i>Jorge Porro</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2/28/08 <small>Date Daytime Phone #</small>		