


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90292 020 ***150.00

DOCUMENT # P00000002116 1. Entity Name ESTRELLA ENGINEERING INCORPORATED	
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Principal Place of Business 1726 KINGSLEY AVE., SUITE 21 ORANGE PARK, FL 32073	Mailing Address 1726 KINGSLEY AVE., SUITE 21 ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE

04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3616269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ESTRELLA, LARRY
9116 CYPRESS GREEN DR., SUITE 207
JACKSONVILLE, FL 32256**

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 _____

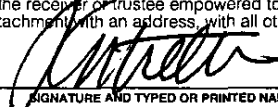
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRELLA, LARRY 1726 KINGSLEY AVE., SUITE 21 ORANGE PARK, FL 32073
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/14/04 904-269-7880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____