

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-27-2006 90217 037 \*\*\*150.00

**DOCUMENT # P00000025719**

1. Entity Name

ESCOBEDO ENTERPRISES, INC.



Principal Place of Business

3545 GLEN VILLAGE CT.  
ORLANDO, FL 32822

Mailing Address

3545 GLEN VILLAGE CT.  
ORLANDO, FL 32822

**DO NOT WRITE IN THIS SPACE**



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number

04-3651563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESCOBEDO, JUAN D  
3545 GLEN VILLAGE CT.  
ORLANDO, FL 32822

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                       |
|----------------|-----------------------|
| TITLE          | PTD                   |
| NAME           | ESCOBEDO, JUAN D      |
| STREET ADDRESS | 3545 GLEN VILLAGE CT. |
| CITY-ST-ZIP    | ORLANDO, FL 32822     |
| TITLE          | VSD                   |
| NAME           | ESCOBEDO, LEISA M     |
| STREET ADDRESS | 3545 GLEN VILLAGE CT. |
| CITY-ST-ZIP    | ORLANDO, FL 32822     |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

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IN THIS SPACE**

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:**

*Leisa Escobedo*

*Leisa Escobedo*

*4/15/06*

*467 381-3349*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #