2006 FOR PROFIT CORPORATION
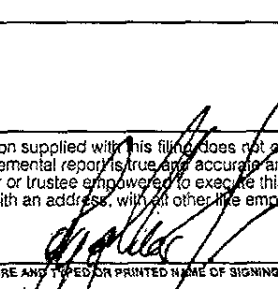## ANNUAL REPORT

DOCUMENT # P00000028231

1. Entity Name
EST HOLDING CORPORATION

Principal Place of Business	Mailing Address
1216 SE 15TH STREET CAPE CORAL, FL 33990	1521 ALTON ROAD #636 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

02072006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0991927	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MASCHEWSKY, DIETER
1216 SE 15TH STREET
CAPE CORAL, FL 33990

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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	00000477338 04/06/06-80048-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KOBAL, EDUARD
STREET ADDRESS	11066 MATLACHA AVE
CITY-ST-ZIP	MATLACHA, FL 33993

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____ Eduard Kobol February 10th 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #