2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000028276

1. Entity Name
ESA AVENTURA, INC.

Principal Place of Business	Mailing Address
3325 S UNIVERSITY DR SUITE #210 DAVIE, FL 33328	3325 S UNIVERSITY DR SUITE #210 DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

01102008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0997659	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

GROSS, ALAN H
3325 S. UNIVERSITY DR., #200
DAVIE, FL 33328

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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

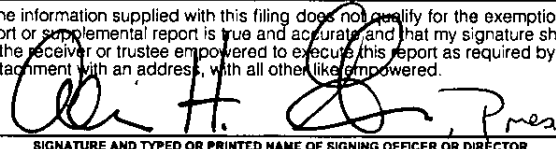| **FILE NOW!!! FEE IS $150.00** **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	GROSS, ALAN H
STREET ADDRESS	3325 S. UNIVERSITY DR., #200
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/08-80057-022 150.00

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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: _____, Pres   1/15/08   9544757784

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