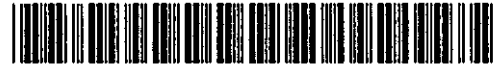


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

05 AUG 31 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08172005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1073084** Applied For ☐ Not Applicable ☐

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

**DOCUMENT # P01000013209**

1. Entity Name  
**ES-SOLUTIONS, INC.**



Principal Place of Business  
**13099 S.W. 133RD CT.  
MIAMI, FL 33186**

Mailing Address  
**13099 S.W. 133RD CT.  
MIAMI, FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BOVEA ACCOUNTING & FIN SVS CORP  
821 SW 122 AVE  
MIAMI, FL 33184**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<b>ESTRAAA, LYKA M.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ESTRADA, MARIA E</b>		NAME	<b>11038 SW 148 AVE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>11020 S.W. 146TH PLACE</b>		STREET ADDRESS	<b>AIR. -VP</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>		CITY-ST-ZIP	<b>MIAMI FL 33196</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>900059393519</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	<b>09/07/05--01027--021</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** *[Signature]* **8/22/05** **AUG 31 2005**

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