


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000024014  
 1. Entity Name  
 ESALP AMERICAS, INC.



Principal Place of Business 1040 ALFONSO AVENUE MIAMI, FL 33146	Mailing Address 1040 ALFONSO AVENUE MIAMI, FL 33146
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**DO NOT WRITE IN THIS SPACE**



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1099537	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  
 WEIDER, NORMAN S ESQ.  
 100 S.E. 2ND STREET  
 SUITE 3950  
 MIAMI, FL 33131

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U000000073926  
 03/02/04-80056-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKS, CHARLOTTE A 1040 ALFONSO AVENUE MIAMI, FL 33146
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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 register 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 authority like empowered.

SIGNATURE: Charlotte A Hicks / CHARLOTTE A HICKS Date 2/24  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR