2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
04 NOV 16 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000079538

1. Entity Name
E-SALES, INC.

Principal Place of Business	Mailing Address
606 HERITAGE DRIVE WESTON, FL 33326	606 HERITAGE DRIVE WESTON, FL 33326

2. Principal Place of Business	3. Mailing Address
200 E 61st Street	1395 Beech ST
Suite, Apt. #, etc. 15D	Suite, Apt. #, etc.
City & State New York, NY	City & State Atlantic Beach, NY
Zip 10021 Country Kpngs	Zip 11509 Country Nassau

11082004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1129064
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIPNIS, TESCHER, LIPPMAN & VALINSKY PA 100 NE 3RD AVENUE SUITE 610 FORT LAUDERDALE, FL 33301	Name: Chris Fogal Street Address (P.O. Box Number is Not Acceptable): 603 North Indian River Drive City: Ft. Pierce FL Zip Code: 34950

9. 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: Chris Fogal 11/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WASSERMAN, ANDREW 606 HERITAGE DRIVE WESTON, FL 33326	☑ Delete	P Yachnowitz, Andrew 200 E 61st Street #15D New York, NY 10021	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WASSERMAN, SARIE 606 HERITAGE DRIVE WESTON, FL 33326	☑ Delete	S Yachnowitz Stuart 1395 Beech St Atlantic Beach, NY 11509	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	AR 11/23	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	600042782345 11/16/04--01047--001 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: 11/12/04 516-371-4000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR PROOF OF DIRECTOR Date Daytime Phone #