

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103800

Entity Name: ESCOTRON,INC

FILED  
Jun 05, 2008  
Secretary of State

**Current Principal Place of Business:**

8501 NW 198TH ST  
MIAMI, FL 33015

**New Principal Place of Business:**

8501 NW 198TH ST  
MIAMI, FL 33015 US

**Current Mailing Address:**

8501 NW 198TH ST  
MIAMI, FL 33015

**New Mailing Address:**

8501 NW 198TH ST  
MIAMI, FL 33015 US

FEI Number: 65-1149510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESCOBAR, JOEL P  
8501 NW 198TH ST  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ESCOBAR, JOEL P  
Address: 8501 NW 198TH ST  
City-St-Zip: MIAMI, FL 33015

Title: SEC ( ) Delete  
Name: ESCOBAR, CLARIBEL E SECRETA  
Address: 8501 NW 198TH ST  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ESCOBAR, JOEL  
Address: 8501 NW 198TH ST  
City-St-Zip: MIAMI, FL 33015 US

Title: S (X) Change ( ) Addition  
Name: ESCOBAR, CLARIBEL E  
Address: 8501 NW 198TH ST  
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL ESCOBAR

PD

06/05/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date