


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90038 005 \*\*\*150.00

<b>DOCUMENT # P01000108434</b>	
1. Entity Name <b>ESPERANZA INVESTMENT COMPANY</b>	

Principal Place of Business <b>5757 COLLINS AVE APT 1904 MIAMI BEACH, FL 33140</b>	Mailing Address <b>7098 BONITA DRIVE MIAMI BEACH, FL 33141</b>
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2. Principal Place of Business - No P.O. Box # <b>1305 Hatteras Ct.</b>	3. Mailing Address <b>1305 Hatteras Ct.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Hollywood, FL</b>	City & State <b>Hollywood, FL</b>
Zip <b>33019</b>	Country
Zip <b>33019</b>	Country

40000100



02072007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1153620</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>PEREZ, ESPERANZA 5757 COLLINS AVE APT 1904 MIAMI BEACH, FL 33140</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1305 Hatteras Ct.</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33019</b>
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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 *Esperanza Perez* (NOTE: Registered Agent signature required when reinstating) DATE 02-13-07

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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	PD PEREZ, ESPERANZA 5757 COLLINS AVE APT 1904 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1305 Hatteras Ct. Hollywood, FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP CASTRO, RIGOBERTO 5757 COLLINS AVE APT 1904 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1305 Hatteras Ct. Hollywood, FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Esperanza Perez* **ESPERANZA PEREZ** 02-13-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #