


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000120216	
1. Entity Name ESSRON, INC.	

Principal Place of Business 1222 ROYAL PALM WAY BOCA RATON, FL 33432	Mailing Address 1222 ROYAL PALM WAY BOCA RATON, FL 33432
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04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1168075	Applied For <input type="checkbox"/> No, Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SCHMACHTENBERG, LEE C 1533 SUNSET DRIVE STE 201 CORAL GABLES, FL 33143
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7. Signature of Registered Agent LEE C. SCHMACHTENBERG
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
NAME STREET ADDRESS CITY-ST-ZIP	D PERLSTEIN, ESSIE 1222 ROYAL PALM WAY BOCA RATON, FL 33432
NAME STREET ADDRESS CITY-ST-ZIP	D SIMOVITCH, RONA 1222 ROYAL PALM WAY BOCA RATON, FL 33432
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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 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: *Rona Simovitch* **RONA SIMOVITCH** 4/19/05 305 632-4052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #