2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Aug 13, 2004 8:00 am Secretary of State DOCUMENT # P02000024754 1. Entity Name 08-13-2004 90070 011 ***550 00 ESTERO BEEFS, INC. Principal Place of Business Mailing Address U2U00241 SHOPS AT GRAND OAKS 20301 GRANDE OAKS SHOPPE BLVD STE 108 ESTERO FL 33928 ESTERO FL 33928 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State Applied For City & State 4. FEI Number 59-3248210 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ENNIS, PETER ---Street Address (P.O. Box Number is Not Acceptable) 21219 BRAXFIELD LOOP ESTERO FL 33928 Zip Code 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 \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE ☐ Change ENNIS, PETER NAME NAME 21219 BRAXFIELD LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition MARTINEZ, JOHN NAME NAME STREET ADDRESS 7717 HABEHILL CT STREET ADDRESS CITY-ST-7IP NAPLES FL 34104 CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete NAME NAME BENNETT, DAVID STREET ADDRESS STREET ADDRESS 11260 JACANA CT #2007 CITY-ST-ZIP FT MYERS FL 33908 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MARTINEZ, WILLIAM NAME 107 HICKORY CR BLVD STREET ADDRESS STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 truster 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, was all other like empowered.

FILED