

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90040 020 ***150.00

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1. Entity Name

ESTE, INC.



Principal Place of Business

5309 BANYAN LANE
TAMARAC FL 33319

Mailing Address

4317 ROCK ISLAND RD
TAMARAC FL 33319

2. Principal Place of Business

Same

3. Mailing Address

5309 Banyan Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac FL

Zip

Country

33319

Country

USA

4. FEI Number

01-0726854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILA, MENNY
4317 ROCK ISLAND RD
TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name

ESTHER EREZ

Street Address (P.O. Box Number is Not Acceptable)

5309 Banyan Ln.

City

Tamarac

FL

Zip Code

33319

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

Esther Erez PD

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME EREZ, ESTHER
STREET ADDRESS 5309 BANYAN LANE
CITY-ST-ZIP TAMARAC FL 33319

TITLE ☐ Delete
NAME MENNY GILA V.P.
STREET ADDRESS 5309 Banyan Ln.
CITY-ST-ZIP Tamarac, FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #