

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


3/17

FILED
May 27, 2003 8:00 am
Secretary of State

03-17-2003 90085 005 ***150.00

DOCUMENT # P02000064147

1. Entity Name
ESVIL EXPORT & IMPORT, CORP.



Principal Place of Business
9561 FOUNTAINEBLUE BLVD #303
MIAMI FL 33172

Mailing Address
9561 FOUNTAINEBLUE BLVD #303
MIAMI FL 33172

44002665



2. Principal Place of Business
8980 SW 122 PL
Suite, Apt. #, etc. 219 Waterfront Pointe
City & State Miami FL

3. Mailing Address
Suite, Apt. #, etc.
City & State

CHECK HERE IF MAKING CHANGES

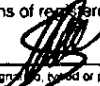
4. FEI Number
03 0464356

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MAZZA-MARTINEZ, TANIA
780 NW 42 AVE STE 420
MIAMI FL 33126

7. Name and Address of New Registered Agent
Name Dilania Escala
Street Address (P.O. Box Number is Not Acceptable)
8980 SW 122 PL # 219
City Miami FL Zip Code 33186

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  **DATE** 1/31/03

Sign in ink, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ESCOLA, DILANIA	
STREET ADDRESS	9561 FOUNTAINEBLUE BLVD #303 8980 SW 122 PL	
CITY-ST-ZIP	MIAMI FL 33172 Miami FL 33186	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	DE GRYZE, EDUARDO	
STREET ADDRESS	9561 FOUNTAINEBLUE BLVD #303 8980 SW 122 PL	
CITY-ST-ZIP	MIAMI FL 33172 Miami FL 33186	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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 supplement thereto 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 REQUIRED** **DATE** 1/30/03 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)