2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096892

MIAMI, FL 33156

City-St-Zip:

Entity Name: EXQUISITE ESTATES INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6193 ROCK ISLAND RD **UNIT 515** TAMARAC, FL 33319 **New Mailing Address: Current Mailing Address:** 6193 ROCK ISLAND RD **UNIT 515** TAMARAC, FL 33319 FEI Number: 52-2382119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENDERSON, MELISSA C 6193 ROCK ISLAND RD **UNIT 515** TAMARAC, FL 33319 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition HENDERSON VANPUTTEN, MELISSA C Name: Name: #515 6193 ROCK ISLAND RD Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition LEWIS. NOELINE Name: Name: 10815 SW 156TH TERRACE Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA HENDERSON **PRES** 04/27/2005