

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90030 025 \*\*\*150.00

**DOCUMENT # P02000098787**

1. Entity Name  
**ESR PROPERTIES, INC.**



Principal Place of Business Mailing Address  
609 OCEAN DRIVE *200 CAPE FLORIDA DRIVE* 609 OCEAN DRIVE *Same*  
UNIT 2H *Key Biscayne* UNIT 2H *Same*  
KEY BISCAYNE, FL 33149 *FL. 33149* KEY BISCAYNE, FL 33149

**94027476**



03022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4232770 Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

JORGE E. OTERO & ASSOCIATES, P.A.  
75 VALENCIA AVENUE  
SUITE 400  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME RAMOS, BRUNO E  
STREET ADDRESS 200 CAPE FLORIDA DRIVE  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE D  
NAME RAMOS, MARITZA  
STREET ADDRESS 200 CAPE FLORIDA DRIVE  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*3/1/04*  
Date

*305-461-2053*  
Daytime Phone #