

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90073 047 ***150.00

DOCUMENT # P02000114042

1. Entity Name
ESPIRITO SANTO MANAGEMENT CORP.



Principal Place of Business
1401 BRICKELL AVE, STE 340
MIAMI, FL 33131

Mailing Address
1401 BRICKELL AVE, STE 340
MIAMI, FL 33131

50021154



2. Principal Place of Business
1395 BRICKELL AVE

3. Mailing Address
1395 BRICKELL AVE

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33131

Country
USA

Zip
33131

Country
USA

02032005 Chg-P CR2E034 (10/03)

4. FEI Number
51-0441192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT W. STEWART, P.A.
999 BRICKELL AVE, STE 1006
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ROSS, WILLIAM N**
STREET ADDRESS **1401 BRICKELL AVE, STE 340**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **V** ☐ Delete
NAME **SENER, JOSEPH**
STREET ADDRESS **1401 BRICKELL AVE., SUITE 340**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **S** ☐ Delete
NAME **CADENA, GUSTAVO**
STREET ADDRESS **1401 BRICKELL AVE, SUITE 340**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **T** ☐ Delete
NAME **PENICHER, TERESA**
STREET ADDRESS **1401 BRICKELL AVE, SUITE 340**
CITY-ST-ZIP **MIAMI, FL 33131**

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 **1395 BRICKELL AVE Ste 200**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1395 BRICKELL AVE Ste 200**
CITY-ST-ZIP **MIAMI FL 33131**

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

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 #