

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000114042	
1. Entity Name ESPIRITO SANTO MANAGEMENT CORP.	

Principal Place of Business 1395 BRICKELL AVE STE 200 MIAMI, FL 33131	Mailing Address 1395 BRICKELL AVE STE 200 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

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. 1395 BRICKELL AVE STE 650 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	MACHADO DA CRUZ, FRANCISCO
NAME	1395 BRICKELL AVE STE 200
STREET ADDRESS	MIAMI, FL 33131
CITY-ST-ZIP	
TITLE V	SENER, JOSEPH
NAME	1395 BRICKELL AVE STE 200
STREET ADDRESS	MIAMI, FL 33131
CITY-ST-ZIP	
TITLE VP	HARRINGTON, DONALD F JR
NAME	1395 BRICKELL AVE STE 200
STREET ADDRESS	MIAMI, FL 33131
CITY-ST-ZIP	
TITLE S	HARRINGTON, DONALD F JR
NAME	1395 BRICKELL AVE STE 200
STREET ADDRESS	MIAMI, FL 33131
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08-80052-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Don F. Harrington* **1/18/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #