


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000130710 1. Entity Name ESSENTIA CORP.	
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Principal Place of Business 208 THREE ISLANDS BLVD STE 203 HALLANDALE, FL 33009	Mailing Address 208 THREE ISLANDS BLVD STE 203 HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE



06152005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0657174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAIR, LAURENCE I
ABRAMS ANTON P.A.
2021 TYLER ST
HOLLYWOOD, FL 33020

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 releasing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST RANGEL, RICARDO 208 THREE ISLANDS BLVD STE 203 HALLANDALE, FL 33009
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07/05/05-80031-025 150.00

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:  RICARDO RANGEL 6-29-2005 954-482-6223

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