
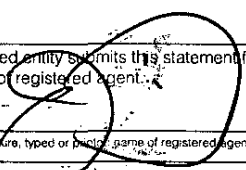
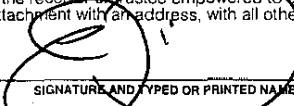


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91012 012 \*\*\*150.00

<b>DOCUMENT # P03000029100</b> 1. Entity Name <b>ESTIS CORPORATION</b>			
Principal Place of Business <b>901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134</b>		Mailing Address <b>901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134</b>	
2. Principal Place of Business <b>10505 NW 29<sup>TH</sup> TERR</b>		3. Mailing Address <b>10505 NW 29<sup>TH</sup> TERR</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33172</b>		Zip <b>33172</b>	
Country 		Country 	
4. FEL Number <b>74-312-0042</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALBORNOZ, WILLIAM H ESQ 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>ROMAN MARTINEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>10505 N.W. 29<sup>TH</sup> TERRACE</b> City <b>MIAMI</b> FL Zip Code <b>33172</b>	
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 		<b>ROMAN MARTINEZ</b> <b>4/15/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee Will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GONZALEZ, ROMAN M</b> <b>901 PONCE DE LEON BLVD STE 603</b> <b>CORAL GABLES, FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		<b>ROMAN MARTINEZ</b> <b>4/15/04</b> <b>(305) 4719000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

54042256



04152004 Chg-P CR2E034 (10/03)