


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90020 022 ***150.00

DOCUMENT # P03000075351	
1. Entity Name ESSCO YACHTS, INC.	

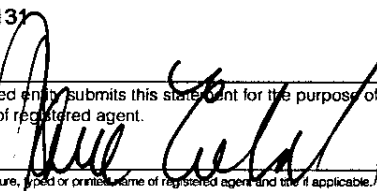
Principal Place of Business 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131	Mailing Address 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131
--	--

2. Principal Place of Business 216 S. OLD WOODWARD	3. Mailing Address 210 S. OLD WOODWARD
Suite, Apt. #, etc. SUITE 230	Suite, Apt. #, etc. SUITE 230
City & State BIRMINGHAM, MI.	City & State BIRMINGHAM, MI.
Zip 48009	Zip 48009
Country USA	Country USA



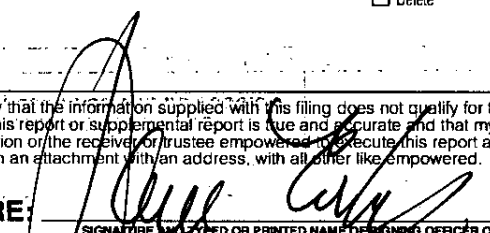
02112004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name JAMES ESSHAKI Street Address (P.O. Box Number is Not Acceptable) 400 ALTON ROAD UNIT 3103 City MIAMI BEACH FL Zip Code 33139
--	---

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 	JAMES ESSHAKI 02/11/04 (NOTE: Registered Agent signature required when reinstating) DATE

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"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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
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 	JAMES ESSHAKI 02/11/04 248-645-5900 Date Daytime Phone #