2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # P0300007 ESTARY INC.	9649		-			Secre	tary (ii Sta	ıte
Principal Place of Business 4317 EL PRADO BLVD TAMPA, FL 33629 US		4309 S/	Mailing Address 4309 SAN JUAN ST TAMPA, F1 33629 US							
						(400,000		*		
2. Principal Place of Business		3. Mailing	3. Mailing Address							
Sulte, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			03032008	Chg-P	CR2E03	4 (11/05)	
City & State		City & State			4. FEI Number 54-2122			1—1—i	plied For at Applicable	
Zip	ip Country		Zip		itry.		of Status Desired		8.75 Add	Mional
 	6. Name and Address of Currer	nt Repistered A	Agent		3	7. Name and	Address of New R		es Required	
			<u> </u>		Name	contribution and the		3	<u> </u>	
CESTARY 4309 SAN	, CAROL A JUAN ST.		-			Address (P.D. Box Number is Not Acceptable)				
TAMPA, F.	L 33629				 					
					City			FL.	Zip Code	0
	named entity submits this statement ions of registered agent.	for the purpose	of changing its	register	ed office or regi	istered agent, or bott	n, in the State of Flo	orlda. I am fa	miliar with,	accept
SIGNATURE.										
	Signature, typed or printed name of registered age	ra and title it applicat	ole. (NO)	E: Registere	rd Agent signature rec	quiked when reinstating)		3TAO		
FILE NOWN: FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 8. Election Campaig Trust Fund Contrib						\$5.00 May Be Added to Fees				
10.		D DIRECTORS		11.		ADDITIONS/	CHANGES TO OFF			
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STREET ADDRESS	4309 SAN JUAN ST.				EET ADDRESS		Hana	0054 3 03	'R	
CITY-ST-ZIP	TAMPA, FL 33629			СПУ	-ST-ZIP		_05/10/0			150_00
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Chry-ST-219				•	ET ADDRESS -51-zip					
12. I hereby	certify that the information supplied w	ith this filing do	es not qualify for			ined in Chapter 119.	Florida Statutes.	further cenil	v that the ir	nformation

12. I needly carrily that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further centify 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 it made under cath; 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:

ARAN TIPE ON PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

Cestary

6 8/3-831-35)