

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085317

Entity Name: ES 2000 GROUP, INC.

FILED  
Mar 03, 2004  
Secretary of State

## Current Principal Place of Business:

520 NW 165 STREET ROAD STE 112  
MIAMI, FL 33169

## New Principal Place of Business:

## Current Mailing Address:

520 NW 165 STREET ROAD STE 112  
MIAMI, FL 33169

## New Mailing Address:

FEI Number: 81-0627353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

QUALIS, THOMAS  
520 NW 165 STREET ROAD STE 112  
MIAMI, FL 33169

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition  
Name: QUALIS, THOMAS  
Address: 520 N.W. 165 STREET ROAD, SUITE 112  
City-St-Zip: MIAMI, FL 33169

Title: V ( ) Change (X) Addition  
Name: SICHAK, SCOTT  
Address: 520 N.W. 165 STREET ROAD, SUITE 112  
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS QUALIS

P

03/03/2004

Electronic Signature of Signing Officer or Director

Date