

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90012 044 \*\*\*150.00

**DOCUMENT # P03000138648**

1. Entity Name  
**ESPARZA UNDERGROUND SERVICES CORP.**



**44022612**



03252004 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0444850** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Principal Place of Business  
**3908 WEST CARDINAL PINES DRIVE  
MASCOTTE, FL 34753**

Mailing Address  
**3908 WEST CARDINAL PINES DRIVE  
MASCOTTE, FL 34753**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
**RAFAEL, ESPARZA  
3908 WEST CARDIANL PINES DRIVE  
MASCOTTE, FL 34753**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |                                 |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                             |
|----------------------------|---------------------------------|---------------------------------|---|---------------------------------|-----------------------------|
| TITLE                      | <b>P/S</b>                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Ad |
| NAME                       | <b>RAFAEL ESPARZA</b>           |                                 | NAME  |                                 |                             |
| STREET ADDRESS             | <b>3908 W Cardinal Pines Dr</b> |                                 | STREET ADDRESS  |                                 |                             |
| CITY-ST-ZIP                | <b>Mascotte, FL 34753</b>       |                                 | CITY-ST-ZIP   |                                 |                             |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Ad |
| NAME                       |                                 |                                 | NAME  |                                 |                             |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |                                 |                             |
| CITY-ST-ZIP                |                                 |                                 | CITY-ST-ZIP   |                                 |                             |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Ad |
| NAME                       |                                 |                                 | NAME  |                                 |                             |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |                                 |                             |
| CITY-ST-ZIP                |                                 |                                 | CITY-ST-ZIP   |                                 |                             |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Ad |
| NAME                       |                                 |                                 | NAME  |                                 |                             |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |                                 |                             |
| CITY-ST-ZIP                |                                 |                                 | CITY-ST-ZIP   |                                 |                             |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Ad |
| NAME                       |                                 |                                 | NAME  |                                 |                             |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |                                 |                             |
| CITY-ST-ZIP                |                                 |                                 | CITY-ST-ZIP   |                                 |                             |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rafael Esparza 3/25/04 407-247-3109