

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000144800

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: ESPINAL FRAMING SERVICES INC

## Current Principal Place of Business:

14785 N US HWY 301  
PARRISH, FL 34219 US

## New Principal Place of Business:

## Current Mailing Address:

14785 N US HWY 301  
PARRISH, FL 34219 US

## New Mailing Address:

FEI Number: 20-0470815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TREJO, LUIS A  
14644 MLK JR BLVD  
DOVER, FL 33527 US

## Name and Address of New Registered Agent:

ESPINAL, SILVIANO  
14785 N US HWY  
PARRISH, FL 34219 US

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: SILVIANO ESPINAL

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ESPINAL-SANCHEZ, SILVIANO  
Address: 14785 N US HWY 301  
City-St-Zip: PARRIS, FL 34219 US

Title: VP ( ) Delete  
Name: ESPINAL, HUMBERTO  
Address: 14785 N US HWY 301  
City-St-Zip: PARRIS, FL 34219 US

Title: SD ( ) Delete  
Name: ESPINAL, JOSE A  
Address: 14785 N US HWY 301  
City-St-Zip: PARRIS, FL 34219 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SILVIANO ESPINAL

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date