


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000007029		
1. Entity Name ESCOBAR CORPORATION		
Principal Place of Business 229 RUSSELL DRIVE LAKEWORTH, FL 33461 US	Mailing Address 229 RUSSELL DRIVE LAKEWORTH, FL 33461 US	



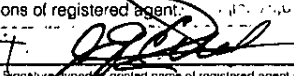
03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0586336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ESCOBAR, TOMAS G 229 RUSSELL DRIVE LAKEWORTH, FL 33461
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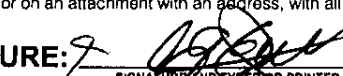
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IN THIS SPACE**

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:  Signature (typed or printed name of registered agent and title if applicable)	DATE: 3/23/07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000688998 04/11/07-80016-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESCOBAR, TOMAS 229 RUSSELL DRIVE LAKEWORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMURRIO, SONIA 229 RUSSELL DRIVE LAKEWORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESCOBAR, RENE 229 RUSSELL DRIVE LAKEWORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERRUFINO, SANDRO 229 RUSSELL DRIVE LAKEWORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Signature (typed or printed name of signing officer or director)	DATE: 3/23/07 Daytime Phone #