

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90049 008 \*\*\*150.00

**DOCUMENT # P04000008728**

1. Entity Name

ESTACOM, CORP.



Principal Place of Business

2419 SW 27TH STREET  
SUITE 105  
MIAMI FL 33133

Mailing Address

2419 SW 27TH STREET  
SUITE 105  
MIAMI FL 33133



2. Principal Place of Business

2419 SW 27TH STREET

3. Mailing Address

2419 SW 27TH STREET

Suite, Apt. #, etc.

SUITE 105

Suite, Apt. #, etc.

SUITE 105

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33133

Country

MIAMI-DADE

Zip

33133

Country

MIAMI-DADE

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0580182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALFANO, ALEXANDER J  
2655 LE JEUNE RD.  
SUITE 403  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ALFANO, ALEXANDER J

Street Address (P.O. Box Number is Not Acceptable)

2655 LE JEUNE RD. Ste 403

City

CORAL GABLES

FL

Zip Code

33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/26/06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME ESTACIO, GENERARO E  
STREET ADDRESS 2419 SW 27TH STREET, SUITE 105  
CITY-ST-ZIP MIAMI FL 33133

TITLE VD ☐ Delete  
NAME SEMINARIO, ISABEL O  
STREET ADDRESS 2419 SW 27TH STREET, SUITE 105  
CITY-ST-ZIP MIAMI FL 33133

TITLE SD ☐ Delete  
NAME ESTACIO, ENRIQUE  
STREET ADDRESS 2419 SW 27TH STREET, SUITE 105  
CITY-ST-ZIP MIAMI FL 33133

TITLE TD ☐ Delete  
NAME ESTACIO, ANGIE  
STREET ADDRESS 2419 SW 27TH STREET, SUITE 105  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01.26.06 (786)443-5427