

FILED

Aug 29, 2007 08:00 AM
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000031053

1. Entity Name

ESTIMABLE-KIRLEW CORPORATION



Principal Place of Business

26 MEADOWS PARK LANE
BOYNTON BEACH, FL 33436

Mailing Address

26 MEADOWS PARK LANE
BOYNTON BEACH, FL 33436**DO NOT WRITE IN THIS SPACE**

08142007 No Chg-P CR2E034 (11/05)

4. FEI Number
33-0385589Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRLEW, KENNETH
26 MEADOWS PARK LANE
BOYNTON BEACH, FL 33436**DO NOT WRITE
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

(NOTE: Registered Agent's signature required when necessary)

DATE

FILE NOW! FEE IS \$150.00
Due by September 14, 20079. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ESTIMABLE, ALFRED
STREET ADDRESS	199 BILBAU ST
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	DV
NAME	ESTIMABLE, ANGELIQUE
STREET ADDRESS	199 BILBAU ST
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	DV
NAME	KIRLEW, KENNETH
STREET ADDRESS	26 MEADOWS PARK LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	DV
NAME	KIRLEW, LORNA
STREET ADDRESS	26 MEADOWS PARK LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/29/07-80002-014 150.00**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-07

Date

Daytime Phone