
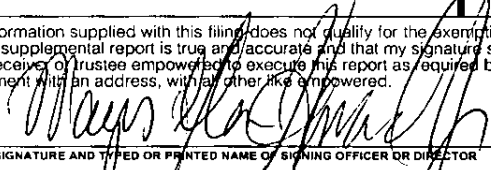


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90066 048 ***150.00

DOCUMENT # P04000053836		
1. Entity Name ESQUIRE PROCESS SERVICE, COURIER AND COPY SERVICE, INC.		
Principal Place of Business 118 EAST 49TH STREET HIALEAH, FL 33013		Mailing Address 118 EAST 49TH STREET HIALEAH, FL 33013
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOWARD, MAYES GLENN JR. 118 EAST 49TH STREET HIALEAH, FL 33013		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD, MAYES GLENN JR. 118 EAST 49TH STREET HIALEAH, FL 33013	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 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: 		4-30-07 Date Daytime Phone #

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
84-1642119

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

Applied For
Not Applicable

**DO NOT WRITE
IN THIS SPACE**