


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90416 026 \*\*\*150.00

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| <b>DOCUMENT # P04000077570</b><br>1. Entity Name<br><b>ESONS CORP. NO 2</b>   |  |  |  |                |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Place of Business<br><b>675 NW 42 AVE<br/>MIAMI, FL 33126</b>   |  |  | Mailing Address<br><b>675 NW 42 AVE<br/>MIAMI, FL 33126</b>  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country              |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  | 04292005      Chg-P      CR2E034 (10/03)   |  | 4. FEI Number<br><b>90 0171471</b>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  | Applied For<br>Not Applicable   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DIAZ, ELVIRA<br/>675 NW 42 AVE<br/>MIAMI, FL 33126</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Elvira Erbiti</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>675 N W 42 Avenue</b><br>City <b>Miami,</b> <b>FL</b> Zip Code <b>33126</b> |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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.<br>SIGNATURE <b>Elvira Erbiti</b> <i>EL m Erti</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width:70%; padding: 2px;"> <input type="checkbox"/> Delete           </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>                                 |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |  |  |  |  |  |  |  |  |  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width:70%; padding: 2px;"> <input type="checkbox"/> Change      <input checked="" type="checkbox"/> Addition<br/> <b>P/D<br/>Elvira Erbiti<br/>675 N W 42 Avenue<br/>Miami, FL 33126</b> </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table> |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>P/D<br/>Elvira Erbiti<br/>675 N W 42 Avenue<br/>Miami, FL 33126</b> |  |  |  |  |  |  |  |  |  |  |  |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Elvira Erbiti</b> <i>EL m Erti</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | Date <b>4/29/05</b><br><small>Date</small>   |   | Daytime Phone #<br><small>Daytime Phone #</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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