


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90066 032 ***150.00

DOCUMENT # P04000144247

1. Entity Name
ESPINOZA FRAME CONSTRUCTION, INC.



Principal Place of Business Mailing Address
14206 DAWNYNG **14206 DAWNYNG**
DOVER, FL 33527 **DOVER, FL 33527**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4408 Holloway Meadows Ln. **4408 Holloway Meadows Ln.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Plant City, FL **Plant City, FL**
 Zip Country Zip Country
33567 **Hillsborough** **33567** **Hillsborough**

02202007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-1764962 Not Applicable

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

6. Name and Address of Current Registered Agent
ESPINOZA, JORGE
14206 DAWNYNG
DOVER, FL 33527

7. Name and Address of New Registered Agent
 Name **Espinosa, Jorge**
 Street Address (P.O. Box Number is Not Acceptable)
4408 Holloway Meadows Ln.
 City **Plant City** FL Zip Code **33567**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESPINOZA, JORGE			NAME			
STREET ADDRESS	14206 DAWNYNG			STREET ADDRESS			
CITY-ST-ZIP	DOVER, FL 33527			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Jorge Espinosa Date 02.20.07 Daytime Phone # (813)356-8422