

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 14206 DAWNYNG DOVER, FL 33527		Mailing Address 14206 DAWNYNG DOVER, FL 33527	
2. Principal Place of Business - No P.O. Box # 4408 Holloway Meadows Ln. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 4408 Holloway Meadows Ln. <small>Suite, Apt. #, etc.</small>	
City & State Plant City, FL		City & State Plant City, FL	
Zip 33567		Zip 33567	
Country Hillsborough		Country Hillsborough	
4. FEI Number 20-1764962		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESPINOZA, JORGE 14206 DAWNYNG DOVER, FL 33527	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02.20.07 (813)356-8422 <small>Date Daytime Phone #</small>	