


**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**      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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD ESPINOZA, JORGE 14206 DAWNYNG DOVER, FL 33527 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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