

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90044 048 \*\*\*150.00

<b>DOCUMENT # P04000145921</b> 1. Entity Name <b>ESECE INTERNATIONAL CORPORATION</b>					
Principal Place of Business <b>10860 SOUTHWEST 68TH DRIVE MIAMI, FL 33173</b>			Mailing Address <b>10860 SOUTHWEST 68TH DRIVE MIAMI, FL 33173</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>65-1235416</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RUBEN SERRUDO 40860 SW 68 DRIVE MIAMI, FL 33173</b>				7. Name and Address of New Registered Agent Name <b>SANCHEZ, GUILLERMO</b> Street Address (P.O. Box Number is Not Acceptable) <b>5041 SW 104 Avenue</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33165</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. SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DPT SERRUDO, RUBEN 10860 SOUTHWEST 68TH DRIVE MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CENTURION, FRANCISCO 10860 SOUTHWEST 68TH DRIVE MIAMI, FL 33173	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Sanchez, Guillermo 5041 SW 104 Avenue Miami, FL 33165	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Sanchez, Guillermo 5041 SW 104 Avenue Miami, FL 33165	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Sanchez, Guillermo 5041 SW 104 Avenue Miami, FL 33165	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Sanchez, Guillermo 5041 SW 104 Avenue Miami, FL 33165	<input type="checkbox"/> Delete			
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: 		Francisco Centurion 01/30/06 305-596-9227			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			