2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000064208

1. Entity Name
ESSEX HILLS INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
150 ALHAMBRA CIRCLE SUITE 1150 CORAL GABLES, FL 33134	C/O NICOLE J. HUESMANN 150 ALHAMBRA CIR SUITE 1150 CORAL GABLES, FL 33134

66006278

DO NOT WRITE IN THIS SPACE

01222007   No Chg-P   CR2E034 (11/05)

4. FEI Number
68-0606230

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUESMANN, NICOLE J
150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134

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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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TSENG, MEI NA
STREET ADDRESS	150 ALHAMBRA CIRCLE, SUITE 1150
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Mei Na Tseng, Director_   3/16/07   786-525-9810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #