


FILED
May 04, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000098603 1. Entity Name ME ESCO CORP	
--	---

Principal Place of Business 5406 SEALINE BLVD GREENACRES, FL 33463	Mailing Address 5406 SEALINE BLVD GREENACRES, FL 33463
--	--



04282007 No Chg-P CR2EC34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3119218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESCOBAR, ELKIN E
5406 SEALINE BLVD
GREENACRES, FL 33463

DO NOT WRITE IN THIS SPACE

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: *Elkin E. Escobar* ELKIN E. ESCOBAR DATE: 5/1/07

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEB IS \$150.00
After May 1, 2007 Fee will be \$850.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ESCOBAR, ELKIN E 5406 SEALINE BLVD GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ESCOBAR, MIRANDA D 5406 SEALINE BLVD GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR ESCOBAR, MIRANDA D 5406 SEALINE BLVD GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA ESCOBAR, ELKIN E 5406 SEALINE BLVD GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

000000761107
05/25/07-80040-025 150.00

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: *Miranda D. Escobar* MIRANDA D. ESCOBAR DATE: 5/1/07 (561) 432-2503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #