

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 8:00 am
Secretary of State

01-09-2007 90056 040 ***150.00

DOCUMENT # P05000110950

1. Entity Name
ESCANILLA, INC.



Principal Place of Business
**808 SW 10 ST
HALLANDALE BEACH, FL 33009 US**

Mailing Address
**P.O. BOX 2894
HALLANDALE BEACH, FL 33008 US**

60000733



2. Principal Place of Business - No P.O. Box #
5221 SW 23 TERRACE

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State
FORT LAUDERDALE

City & State

4. FEI Number
25-1923320

Applied For
Not Applicable

Zip
33312

Country
BROWARD.

Zip Country

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

6. Name and Address of Current Registered Agent

**ESCANILLA, GERARDO
808 SW 10 ST
HALLANDALE BEACH, FL 33009**

7. Name and Address of New Registered Agent

Name
ESCANILLA, GERARDO M.

Street Address (P.O. Box Number is Not Acceptable)
5221 SW 23 TERRACE

City
FORT LAUDERDALE FL

Zip Code
33312

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
ESCANILLA, GERARDO M
P.O. BOX 2894
HALLANDALE BEACH, FL 33008**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
ESCANILLA, LUIS G
P.O. BOX 2894
HALLANDALE BEACH, FL 33008**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 687, 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: GERARDO M. ESCANILLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(PD) 01-05-07 (954) 687-3791