

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166210

Entity Name: ESCOBAR HOLDINGS, INC.

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

1430 NW 14TH AVE.
POMPANO BCH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1430 NW 14TH AVE.
POMPANO BCH, FL 33069

New Mailing Address:

FEI Number: 20-3981809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ESCOBAR, JUSTO
1430 NW 14TH AVE.
POMPANO BCH, FL 33069 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ESCOBAR, ERNESTO
Address: 5456 NE 4TH AVE
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VP () Delete
Name: ESCOBAR, JUSTO
Address: 11069 GLENWOOD DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TRES () Delete
Name: ESCOBAR, ERNESTO
Address: 5456 NE 4TH AVE
City-St-Zip: FT LAUDERDALE, FL 33308

Title: SEC () Delete
Name: ESCOBAR, JUSTO
Address: 11069 GLENWOOD DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAKEYA APPLY

ADM

04/08/2008

Electronic Signature of Signing Officer or Director

Date