

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000042150

Entity Name: ESPCOL ENTERPRISE INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

4195 NW 183RD STREET  
MIAMI, FL 33055 US

## New Principal Place of Business:

## Current Mailing Address:

4195 NW 183RD STREET  
MIAMI, FL 33055 US

## New Mailing Address:

FEI Number: 20-4688913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ESPINAL, RICHIE  
12626 NW 11TH PLACE  
SUNRISE, FL 33323 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: PD ( ) Delete  
Name: ESPINAL, RICHIE  
Address: 12626 NW 11TH PLACE  
City-St-Zip: SUNRISE, FL 33323 US

Title: SD ( ) Delete  
Name: COLLADO, SAMUEL N  
Address: 14-04 MICHAEL PLACE APT 1F  
City-St-Zip: BAYSIDE, NY 11360 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RICHIE ESPINAL

PD

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date