

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2008 8:00 am
Secretary of State

05-20-2008 90005 042 ***150.00

DOCUMENT # P07000090676			
1. Entity Name ESL COMMUNICATIONS INC			
Principal Place of Business 5405 NW 158 TERRACE 103 MIAMI, FL 33014		Mailing Address 5405 NW 158 TERRACE 103 MIAMI, FL 33014	
2. Principal Place of Business - No P.O. Box # 15453 SW 141 TERRACE		3. Mailing Address 15453 SW 141 TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33196		Country	
4. FEI Number 26-0675970		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CANO, ELKIN F 5405 NW 158 TERRACE 103 MIAMI, FL 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME CANO, ELKIN F STREET ADDRESS 5405 NW 158 TERRACE # 103 CITY-ST-ZIP MIAMI, FL 33014	<input type="checkbox"/> Delete	TITLE PRESIDENT NAME CANO, ELKIN F STREET ADDRESS 15453 SW 141 TERRACE CITY-ST-ZIP MIAMI FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME LUNA, LUISA F STREET ADDRESS 5405 NW 158 TERRACE # 103 CITY-ST-ZIP MIAMI, FL 33014	<input type="checkbox"/> Delete	TITLE VICE-PRESIDENT NAME LUNA, LUISA F STREET ADDRESS 15453 SW 141 TERRACE CITY-ST-ZIP MIAMI FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ PRESIDENT		03-06-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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03052008 Chg-P CR2E034 (12/06)