

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000020128

FILED
Apr 30, 2008
Secretary of State

Entity Name: DR. ESTEBAN & SHARON ANDERSON, INC.

Current Principal Place of Business:

20212 NE 15TH COURT
BAY 7
N. MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

P O BOX 133541
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 65-0563295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, JR, ESTEBAN ESQ
8004 N.W. 144TH STREET
MIAMI LAKES, FL 33016 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: CEO () Delete
Name: ANDERSON, ESTEBAN DR
Address: 2851 E 8TH AVE
City-St-Zip: HIALEAH, FL 33013

Title: P () Delete
Name: ANDERSON, DIONNE M P
Address: 20212 NE 15TH COURT
City-St-Zip: N MIAMI BEACH, FL 33179

Title: STD () Delete
Name: ANDERSON, SHARON
Address: 20212 NE 15TH COURT
City-St-Zip: N MIAMI BEACH, FL 33179

Title: VD () Delete
Name: ANDERSON, ESTEBAN JR.
Address: 8004 N.W. 144TH STREET
City-St-Zip: MIAMI LAKES, FL 33012

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: ESTEBAN ANDERSON

CEO

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date