

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90016 008 ***150.00

DOCUMENT # P95000022728 1. Entity Name ESEYCE, CORPORATION					
Principal Place of Business 4081 SW 2ND TERRACE MIAMI, FL 33134			Mailing Address 4081 SW 2ND TERRACE MIAMI, FL 33134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0569912	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SOSA, MARTA M 300 SURFSIDE BLVD SURFSIDE, FL 33154				7. Name and Address of New Registered Agent Name D/A 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 <u><i>[Signature]</i></u> DATE <u>5/16/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS SOSA, MARTA M 300 SURFSIDE BLVD SURFSIDE, FL 33154		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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	
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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 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: <u><i>[Signature]</i></u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Marta M. Sosa</u>		
DATE <u>5/16/08</u>			DAYTIME PHONE # <u>786-218-1678</u>		

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05072008 Chg-P CR2E034 (12/06)