


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

03-25-2004 90011 042 ***150.00

DOCUMENT # P95000026343

1. Entity Name
ESTHERIKA, INC.



Principal Place of Business Mailing Address

683 N BISCAYNE RIVER DRIVE **683 N BISCAYNE RIVER DRIVE**
MIAMI, FL 33169 **MIAMI, FL 33169**

66411468



02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0569938 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFADARY, ESTHER
683 N BISCAYNE RIVER DRIVE
MIAMI, FL 33169

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALFANDARY, ESTHER 683 N BISCAYNE RIVER DRIVE MIAMI, FL 33169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SIMMON, ISAAC 683 N BISCAYNE RIVER DRIVE MIAMI, FL 33169 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Is. Simmon APR 12 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #