


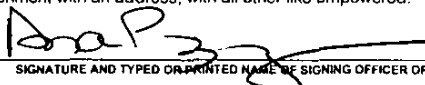


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90030 005 ***150.00

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|--|--|--|--|---|--|
| DOCUMENT # P96000022070 1. Entity Name ESQUIRE CORPORATE SERVICES, INC. | | | |  | |
| Principal Place of Business C/O NICOLAS FERNANDEZ, P.A. 780 NW LE JEUNE RD STE 324 MIAMI, FL 33126 US | | | Mailing Address 780 NW LEJEUNE RD SUITE 324 MIAMI, FL 33126 US | | |
| 2. Principal Place of Business - No P.O. Box # 10 N.W. LE JEUNE ROAD Suite, Apt. #, etc. SUITE 500 City & State MIAMI, FL Zip 33126 | | 3. Mailing Address 10 N.W. LE JEUNE ROAD Suite, Apt. #, etc. SUITE 500 City & State MIAMI, FL Zip 33126 | | 50000972  | |
| 4. FEI Number 59-3385491 | | Applied For <input type="checkbox"/> Not Applicable | | 01152007 Chg-P CR2E034 (12/06) | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Name and Address of Current Registered Agent ESQ CORP SERVICES 780 NW LE JEUNE RD STE 324 MIAMI, FL 33126 | | | |
| 7. Name and Address of New Registered Agent Name ESQ CORP SERVICES Street Address (P.O. Box Number is Not Acceptable) 10 N.W. LE JEUNE ROAD, STE 500 City MIAMI | | State FL Zip Code 33126 | | | |
| 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: 1-16-07 <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP | DP FERNANDEZ, NICOLAS 780 NW LE JEUNE RD #324 MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP FERNANDEZ, NICOLAS 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL. 33126 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS PEREZ-FERNANDEZ, ANA 780 NW LE JEUNE RD #324 MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS PEREZ-FERNANDEZ, ANA 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL. 33126 | <input checked="" 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:  | | | DATE: 1-16-07 DAYTIME PHONE # | | |