

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90314 017 ***150.00

DOCUMENT # P96000046853

1. Entity Name
ESOIL 1-27-45-0017 CORPORATION



Principal Place of Business
20 NW 124 AVE
MIAMI, FL 33265 US

Mailing Address
780 N.W. 42 AVE
SUITE 422
MIAMI, FL 33126 US

50042983



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0682214

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONTRERAS, CARLOS H.
298 ST. THOMAS AVE
KEY LARGO, FL 33037

Name
MARISELA CONTRERAS
Street Address (P.O. Box Number is Not Acceptable)
20 NW 124 AVENUE
City
MIAMI FL Zip Code
33182

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

Marisela Contreras
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

4-5th-2005

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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
PSD
CONTRERAS, MARISELA
20 NW 124 AVE
MIAMI, FL 33182 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Marisela Contreras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-05-2005

(305) 221-2827

Date

Daytime Phone #