2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

Daytime Phone #

1. Entity Nam	18	# P96000077 /ESTON, INC.			04-11-2007	90042 008	; ***1 <i>5</i>	0.00		
Principal Plac STEVIE B"S WESTON, FL	RIB CATE	s US	Mailing Address 420 CAMBRIDGE DR. WESTON, FL 33326			In 1988 alike 8988 each agu	 	11/F 11/11 (1 9	1881 (1 188 1	
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02072007	Chg-P	CR2E034	· · ·		
City & State			City & State		4. FEI Numb			Not	plied For t Applicable	
Žip			Zip			5. Certificate of Status Desired Sa.75 Additional Fee Required				
	6. Name	and Address of Current	7. Name and Address of New Registered Agent Name							
TRAGER, ROSS CPA 1000 N HIATUS RD					Street Address (P.O. Box Number is Not Acceptable)					
STE 110 PEMBROOKE PINES, FL 33026								-		
					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 Signature; typed or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE									—	
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$550.	noing \$5	5.00 May Be ded to Fees						
10.		OFFICERS AND	DIRECTORS		ADDITIONS	/CHANGES TO OFF	ICERS AND DI	RECTORS	3 IN 11	
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP	D Delete BIRGER, STEVEN 288 INDIAN TRACE RD. FORT LAUDERDALE, FL 33326							<u>.</u>] Change	☐ Addition
TITLE NAME STREET ADDRESS	□ Delete					Change Addition				
TITLE NAME STREET ADDRESS CXTY-ST-ZIP			☐ Delete	TITL NAM STRI	E] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAM STRI	E] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete] Change	☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: