## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 14, 2008 08:00 A Secretary of State DOCUMENT # P97000041580 1. Entity Name ESFÓRMES PROPERTIES, INC. Principal Place of Business Mailing Address **503 10TH STREET WEST 503 10TH STREET WEST** PALMETTO, FL 34221 PALMETTO, FL 34221 04032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0763535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. DO NOT WRITE 236 EAST 6 AVENUE TALLAHASSEE, FL 32303 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating), as a print of the printed name of registered agent and little if applicable. FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ESFORMES-ALVEREZ, ELIZABETH 503 10TH STREET WEST STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE STREET ADDRESS

**FILED** 

with all other like empowered. SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CITY-ST-ZIP .