2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000045532

1. Entity Name
ESSHAKI, INC.

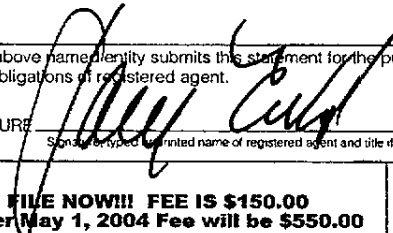| Principal Place of Business	Mailing Address
210 S OLD WOODWARD 230 BIRMINGHAM, MI 48009	210 S OLD WOODWARD 230 BIRMINGHAM, MI 48009

DO NOT WRITE IN THIS SPACE

01152004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0754639	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

MONTELLO, LOUIS R
777 BRICKELL AVENUE, STE. 1070
MIAMI, FL 33131

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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.
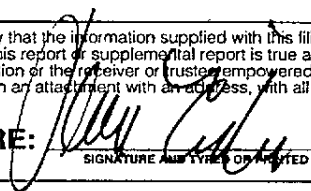
SIGNATURE _____   DIRECTOR   03/01/04

Signature of typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   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	U00000081170 03/08/04-80138-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ESSHAKI, JAMES
STREET ADDRESS	777 BRICKELL AVE.,STE.1070
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _____ 3-4-04   248 645-5900

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