


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000045532

1. Entity Name
 ESSHAKI, INC.



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

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

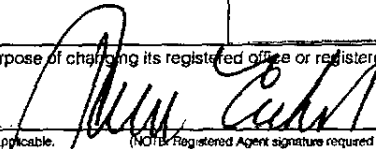
| | |
|---|--------------------------------|
| 4. FEI Number 65-0754639 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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:  DATE: 2-14-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

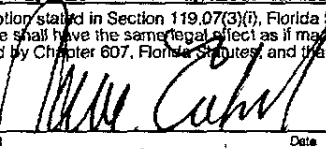
9. Election Campaign Financing (Trust Fund Contribution) \$5.00 May Be Added to Fees.

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ESSHAKI, JAMES 777 BRICKELL AVE.,STE.1070 MIAMI, FL 33131 |
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 02/17/05-80013-008 150.00

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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)(f), Florida Statutes. I further certify that the information indicated on this report of 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: 2-14-05 DAYTIME PHONE #: 248-645-5700

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