

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000021338

FILED
Mar 24, 2009
Secretary of State

Entity Name: ESQUIRE PRODUCTS LIMITED, INC.

Current Principal Place of Business:

7901 SW 36 STREET
SUITE 206
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

7901 SW 36 STREET
SUITE 206
DAVIE, FL 33328

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIMPOULIS, JAY
7901 SW 36 STREET
SUITE 206
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: CHIMPOULIS, JAY P
Address: 7901 SW 36 ST., #206
City-St-Zip: DAVIE, FL 33328

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: CHIMPOULIS, ELIZABETH
Address: 7901 SW 36 STREET, SUITE 206
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY P. CHIMPOULIS

PSTD

03/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date