

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90060 009 \*\*\*558.75

**DOCUMENT # P98000063979**

1. Entity Name

G. P. ESTEIN ST. AUGUSTINE CORPORATION



Principal Place of Business  
4705 S. Apple Vineland Rd, Ste 201  
5211 INTERNATIONAL DRIVE  
C/O ESTEIN & ASSOCIATES USA, LTD.  
ORLANDO, FL 32819

Mailing Address  
4705 S. Apple Vineland Rd, Ste 201  
5211 INTERNATIONAL DRIVE  
C/O ESTEIN & ASSOCIATES USA, LTD.  
ORLANDO, FL 32819



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3523786

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ESTEIN, LOTHAR  
5211 INTERNATIONAL DRIVE 4705 S. Apple Vineland Rd, Ste 201  
ORLANDO, FL 32819

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ESTEIN, LOTHAR
STREET ADDRESS	5211 INTERNATIONAL DRIVE 4705 S. Apple Vineland Rd
CITY-ST-ZIP	ORLANDO, FL 32819 Ste 201
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	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08

Date

407-909-2200

Daytime Phone #