FILED 2004 FOR PROFIT CORPORATION Jan 22, 2004 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P99000049528** ESMERALDA IMPORTS, INC Principal Place of Business Mailing Address 2110 HOLLYHILL ROAD 2110 HOLLYHILL ROAD PENSACOLA, FL 32526 PENSACOLA, FL 32526 01192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3580356 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALTER, TERRI DO NOT WRITE 2110 HOLLYHILL ROAD PENSACOLA, FL 32526 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 DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WALTER, TERRI NAME STREET ADDRESS 2110 HOLLYHILL RD. 000000009781 01/22/04-80004-020 150.00 PENSACOLA, FL 32526 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST- ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR