

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90054 012 ***150.00

DOCUMENT # P99000070740

1. Entity Name
E-SOLUTIONS CONSULTING, INC.



Principal Place of Business
**1421 SW 107 AVE
MIAMI, FL 33174**

Mailing Address
**1421 SW 107 AVE
MIAMI, FL 33174**

50007321



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01242005 Chg-P CR2E034 (10/03)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
65-0939972

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HWANG, MAO-SHENG		NAME		
STREET ADDRESS	13745A SOUTHWEST 84TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHING, KELVIN		NAME		
STREET ADDRESS	12030 SW 88 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HWANG, DER FWU		NAME		
STREET ADDRESS	13745A SOUTHWEST 84TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHABAN, ISABEL		NAME		
STREET ADDRESS	12030 SW 88TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHEN, JESEY LICHIN		NAME		
STREET ADDRESS	12030 SW 88TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 **305-592-8148**
Date Daytime Phone #