2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070740

Entity Name: E-SOLUTIONS CONSULTING, INC.

FILED Apr 30, 2009 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

6832 NW 77TH COURT 7510 N.W. 82 STREET MIAMI, FL 33166 MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

6832 NW 77TH COURT 7510 N.W. 82 STREET MIAMI, FL 33166 MIAMI, FL 33166

FEI Number: 65-0939972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES, FL 33134 US

SHABAN, ISABEL

7510 N.W. 82 STREET

MIAMI, FL 33166 US

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: ISABEL SHABAN 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: P,D (X) Change () Addition

 Name:
 CHING, KELVIN
 Name:
 SHABAN, ISABEL

 Address:
 6832 NW 77TH COURT
 Address:
 3309 BRADENHAM

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 DAVIE, FL 33328 US

Title: SC (X) Delete Title: () Change () Addition

 Name:
 LIU, HENRY
 Name:

 Address:
 6832 NW 77TH COURT
 Address:

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:

Title: PD (X) Delete Title: () Change () Addition

 Name:
 SHABAN, ISABEL
 Name:

 Address:
 6832 NW 77TH COURT
 Address:

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:

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: ISABEL SHABAN P 04/30/2009