

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000075332

1. Entity Name
ESN CAFE, INC.



**FILED
Apr 11, 2006 8:00 am
Secretary of State**

04-11-2006 90117 021 ***150.00

Principal Place of Business
11370 SUMMERLIN SQUARE DRIVE
FORT MYERS BEACH, FL 33931

Mailing Address
11370 SUMMERLIN SQUARE DRIVE
FORT MYERS BEACH, FL 33931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
65-0944997

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLS, JAMES LARRY ESQUIRE
8191 COLLEGE PARKWAY
#204
FORT MYERS, FL 33919

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 remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME: DRIVAS, ELIAS N
STREET ADDRESS: 11370 SUMMERLIN SQUARE DR
CITY-ST-ZIP: FORT MYERS BEACH, FL 33931

Delete
TITLE: DRIVAS, IOANNIS
NAME: 11370 SUMMERLIN SQUARE DR
STREET ADDRESS: FORT MYERS BEACH, FL 33931
CITY-ST-ZIP: Change Addition

TITLE: S
NAME: DRIVAS, STEVE N
STREET ADDRESS: 11370 SUMMERLIN SQUARE DR
CITY-ST-ZIP: FORT MYERS BEACH, FL 33931

Delete
TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: VP
NAME: KONTAKOS, NIKORAOS
STREET ADDRESS: 1601 AMBERWOOD LANES
CITY-ST-ZIP: FORT MYERS BEACH, FL 33931

Delete
TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

Delete
TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

Delete
TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

Delete
TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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

4/5/06 (239)415-4262
Date Daytime Phone #