


FILED
Apr 22, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000075332 1. Entity Name ESN CAFE, INC.	
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Principal Place of Business 11370 SUMMERLIN SQUARE DRIVE FORT MYERS BEACH, FL 33931	Mailing Address 11370 SUMMERLIN SQUARE DRIVE FORT MYERS BEACH, FL 33931
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04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0944997	Applied For Not Applicable
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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

**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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U00000915102
05/09/08-80001-005 155.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRIVAS, IOANNIS 11370 SUMMERLIN SQ DR FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRIVAS, STEVE N 11370 SUMMERLIN SQUARE DR FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KONTAKOS, NIKORAOS 1601 AMBERWOOD LANES FORT MYERS BEACH, FL 33931
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: KONTAKOS NIKORAOS 4/17/08 239 4154262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #