2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90105 045 ***150.00

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01262004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000078906

1. Entity Name
ESS EXPORT SALES SUPPORT INC.

Principal Place of Business	Mailing Address
13550 SW 88 STREET STE 260 MIAMI, FL 33186	13550 SW 88 STREET STE 260 MIAMI, FL 33186

2. Principal Place of Business	3. Mailing Address
10325 SW 129 Ct	10325 SW 129th Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33186 Country: DADE	Zip: 33186 Country: DADE

4. FEI Number 65-0947673 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, MANUEL
13550 SW 88 STREET
STE 260
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name: Denisse JAIME
Street Address (P.O. Box Number is Not Acceptable): 10325 SW 129 Ct
City: MIAMI FL Zip Code: 33186

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 ______________________ 1/26/04
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, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAIME-GARCIA, DENISSE 10325 S.W. 129TH COURT MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAIME, Denisse 10325 SW 129th ct MIAMI, FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GARCIA, MANUEL JR 10325 SW 129 COURT MIAMI, FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: ______________________ 1/26/04 305 388 3708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #