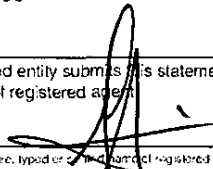
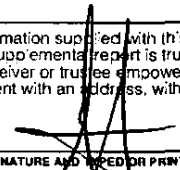


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90105 045 ***150.00

DOCUMENT # P99000078906 1. Entity Name ESS EXPORT SALES SUPPORT INC.					
Principal Place of Business 13550 SW 88 STREET STE 260 MIAMI, FL 33186			Mailing Address 13550 SW 88 STREET STE 260 MIAMI, FL 33186		
2. Principal Place of Business 10325 SW 129th Ct Suite, Apt. #, etc.			3. Mailing Address 10325 SW 129th Ct Suite, Apt. #, etc.		
City & State MIAMI, FL Zip 33186		City & State MIAMI, FL Zip 33186		4. FEI Number 65-0947673	
Country DADE		Country DADE		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 129th 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  DATE 1/26/04					
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 ☒ Change ☐ Addition 10325 SW 129th Ct MIAMI, FL 33186		
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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: 			Date 1/26/04 Daytime Phone # 305 388 3708		