2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000093813

1. Entity Name
ESKRA & ASSOCIATES, INC.

Principal Place of Business
100 MIRACLE MILE, SUITE 250
CORAL GABLES, FL 33134

Mailing Address
100 MIRACLE MILE, SUITE 250
CORAL GABLES, FL 33134

02022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0969883

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ESKRA, MICHAEL III
100 MIRACLE MILE, SUITE 250
CORAL GABLES, FL 33134

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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

000000823777
02/20/08-80051-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ESKRA, MICHAEL III
STREET ADDRESS	100 MIRACLE MILE, SUITE 250
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	ESKRA, PETER
STREET ADDRESS	100 MIRACLE MILE, SUITE 250
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	ESKRA, DAVID
STREET ADDRESS	100 MIRACLE MILE, STE. 250
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGN HERE

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: Peter Eskra x 2-6-08 x 305-448-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #