

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90416 007 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # V32242

1. Entity Name
 ENVIRONMENTAL SITE ASSESSMENTS, INC.



Principal Place of Business

4918 SW 75TH AVENUE
 MIAMI, FL 33155 US

Mailing Address

P.O. BOX 431494
 SOUTH MIAMI, FL 33243 US

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0331094

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BARBA, RAFAEL B
 5931 SW 88TH ST
 MIAMI, FL 33156

**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 initiating)

DATE

4/29/04

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

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 CEO
 RAFAEL, BARBA B
 5931 SW 88TH STREET
 MIAMI, FL 33156

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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 IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State/Province

4/29/04