2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V32242

1. Entity Name
ENVIRONMENTAL SITE ASSESSMENTS, INC.

Principal Place of Business	Mailing Address
4918 SW 75TH AVENUE MIAMI, FL 33155 US	P.O. BOX 431494 SOUTH MIAMI, FL 33243 US

DO NOT WRITE IN THIS SPACE

03102005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0331094	Not Applicable

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

6. Name and Address of Current Registered Agent

BARBA, RAFAEL B.   *B. BARB*
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 _____

<small>Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE</small>

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	CEO
NAME	RAFAEL, BARBA B. *B. BARB* *Barba, B. Rafael*
STREET ADDRESS	5931 SW 88TH STREET
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *B. Rafael Barba   4/18/05   3/740-6315*

<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #</small>