


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # V51143</b> 1. Entity Name <b>DURANGO ESCOBAR CORP.</b>					
Principal Place of Business <b>1750 PONCE DE LEON BLVD CORAL GABLES, FL 33134</b>			Mailing Address <b>3516 DURANGO ST CORAL GABLES, FL 33134 US</b>		
2. Principal Place of Business <b>200 NW 131 Avenue</b>		3. Mailing Address <b>200 NW 131 Avenue</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Ft. Laud., Florida</b>		City & State <b>Ft. Laud., Florida</b>		4. FEI Number <b>65-0345354</b>	
Zip <b>33325</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PLUMMER, KATHLEEN R 3516 DURANGO STREET CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>Lori Ann Westerman</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 NW 131 Avenue</b> City <b>Ft. Laud., FL</b> Zip Code <b>33325</b>			
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 <u>Lori Ann Westerman, Director</u> <i>Lori Ann Westerman</i> <u>July 12, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D PLUMMER, DAVID S. 3516 DURANGO STREET CORAL GABLES, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUMMER, KATHLEEN R. 3516 DURANGO STREET CORAL GABLES, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTERMAN, LORI A 200 NW 131 AVENUE FORT LAUDERDALE, FL 33325	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>8/7/19</i>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u>Lori Ann Westerman</u> <b>Lori Ann Westerman, Director</b> (954) 236-0489 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

06 JUL 14 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07132006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name **Lori Ann Westerman**

Street Address (P.O. Box Number is Not Acceptable)

**200 NW 131 Avenue**

City **Ft. Laud., FL** Zip Code **33325**

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 Lori Ann Westerman, Director *Lori Ann Westerman* July 12, 2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PLUMMER, DAVID S.  
3516 DURANGO STREET  
CORAL GABLES, FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PLUMMER, KATHLEEN R.  
3516 DURANGO STREET  
CORAL GABLES, FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WESTERMAN, LORI A  
200 NW 131 AVENUE  
FORT LAUDERDALE, FL 33325

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*8/7/19*

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

**600077821176**  
**07/21/06--01008--023 \*\*\$61.25**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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SIGNATURE: Lori Ann Westerman **Lori Ann Westerman, Director** (954) 236-0489  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #