


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

|                                                                                           |                                                                                   |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # V56391</b><br>1. Entity Name<br><b>EASTERN SALES AND TECHNOLOGIES, INC.</b> |  |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                          |                                                                            |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>5773 NW 151 STREET<br/>MIAMI LAKES FL 33014<br/>US</b> | Mailing Address<br><b>P.O. BOX 171565<br/>HIALEAH FL 33017-1565<br/>US</b> |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|



|                                                |                     |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip                                            | Country             |

1st MOORE      CR2E034 (10/07)

|                                                                      |                                            |
|----------------------------------------------------------------------|--------------------------------------------|
| 4. FEI Number<br><b>65-0349236</b>                                   | Applied For<br><input type="checkbox"/>    |
|                                                                      | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required      |

|                                                                                                                               |                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>KHAN, ANWAR H.<br/>7671 NW 181 STREET<br/>MIAMI FL 33015</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 \_\_\_\_\_

Signature typed or printed name of registered agent and title (Applicable)      (NOTE: Registered agent information required when incorporating)      DATE

**FILE NOW!!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|                                                                                    |                                    |
|------------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|------------------------------------------------------------------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS |                    | <input type="checkbox"/> Delete |
|----------------------------|--------------------|---------------------------------|
| TITLE                      | P                  |                                 |
| NAME                       | KHAN, ANWAR H.     |                                 |
| STREET ADDRESS             | 7671 NW 181 STREET |                                 |
| CITY-ST-ZIP                | MIAMI FL 33015     |                                 |
| TITLE                      |                    | <input type="checkbox"/> Delete |
| NAME                       |                    |                                 |
| STREET ADDRESS             |                    |                                 |
| CITY-ST-ZIP                |                    |                                 |
| TITLE                      |                    | <input type="checkbox"/> Delete |
| NAME                       |                    |                                 |
| STREET ADDRESS             |                    |                                 |
| CITY-ST-ZIP                |                    |                                 |
| TITLE                      |                    | <input type="checkbox"/> Delete |
| NAME                       |                    |                                 |
| STREET ADDRESS             |                    |                                 |
| CITY-ST-ZIP                |                    |                                 |
| TITLE                      |                    | <input type="checkbox"/> Delete |
| NAME                       |                    |                                 |
| STREET ADDRESS             |                    |                                 |
| CITY-ST-ZIP                |                    |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------------------------------------------------------|---------------------------|---------------------------------|-----------------------------------|
| TITLE                                                 | U00000805965              |                                 |                                   |
| NAME                                                  |                           |                                 |                                   |
| STREET ADDRESS                                        | 02/06/08-80023-006 158.75 |                                 |                                   |
| CITY-ST-ZIP                                           |                           |                                 |                                   |
| TITLE                                                 |                           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                                                  |                           |                                 |                                   |
| STREET ADDRESS                                        |                           |                                 |                                   |
| CITY-ST-ZIP                                           |                           |                                 |                                   |
| TITLE                                                 |                           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                                                  |                           |                                 |                                   |
| STREET ADDRESS                                        |                           |                                 |                                   |
| CITY-ST-ZIP                                           |                           |                                 |                                   |
| TITLE                                                 |                           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                                                  |                           |                                 |                                   |
| STREET ADDRESS                                        |                           |                                 |                                   |
| CITY-ST-ZIP                                           |                           |                                 |                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **JAN. 28, 2008 305-759-4308**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #