


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90387 015 \*\*\*\*61.25

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<b>DOCUMENT # N97000002390</b>					
1. Entity Name ENRIQUEZ FOUNDATION, INC.					
Principal Place of Business 3350 N. RIVERSIDE DR. INDIALANTIC, FL 32903-4418		Mailing Address 3350 N. RIVERSIDE DR. INDIALANTIC, FL 32903-4418			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01202004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3444792 Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
RUDOLPH, JAMES N CPA 1836 WOODWARD ST. ORLANDO, FL 32803				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIQUEZ, PABLO		NAME	PAUL ENRIQUEZ	
STREET ADDRESS	3350 N. RIVERSIDE DR		STREET ADDRESS	3350 North Riverside Drive	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIORE, SONIA		NAME	SONIA, Priore	
STREET ADDRESS	8952 ESGUERRA LANE		STREET ADDRESS	2822 ROLLMAN ROAD	
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	SDT	<input type="checkbox"/> Delete	TITLE	SDT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIQUEZ, MARY		NAME	SAME	
STREET ADDRESS	3350 N. RIVERSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 329034418		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MARK ENRIQUEZ	
STREET ADDRESS			STREET ADDRESS	3350 N. RIVERSIDE DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: <i>Mary C Enriquez</i>		Secretary <i>Mary C Enriquez</i>		Date <i>April 14, 2004</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Treasurer		Daytime Phone # <i>1-321-8723 6582</i>	