


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000065777
 1. Entity Name
SUCCESS ENVST CORP.



Principal Place of Business Mailing Address
4050 NW 42ND AVE. **4050 NW 42ND AVE.**
UNIT #318 **UNIT #318**
LAUDERDALE LAKES, FL 33319 US **LAUDERDALE LAKES, FL 33319 US**

DO NOT WRITE IN THIS SPACE



02232005 No Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
65-1026173 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MENDEN, EUGENE A
16 LAGUNA COURT
PALM BEACH GARDENS, FL 33418

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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 if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

1100000291073
 04/07/05-80015-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MALCOLM, MARCIA 4050 NW 42ND AVE. UNIT #318 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD MENDEN, EUGENE A 16 LAGUNA COURT PALM BEACH GARDENS, FL 33418
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Eugene A. Menden
EUGENE A. MENDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/5/05
Date

Daytime Phone #: 561-627-4833
Daytime Phone #