


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000077216  
 1. Entity Name  
 NELSON ENRIQUEZ P.I. INC.



Principal Place of Business: 2310 WEST FLAGLER ST. MIAMI, FL 33135  
 Mailing Address: 8601 S.W. 94TH ST., #125W MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**



04182004 No Chg-P CR2E034 (10/03)  
 4. FEI Number: 65-1034593 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ENRIQUEZ, NELSON  
 8601 S.W. 94TH STREET, APT. 125W  
 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 \_\_\_\_\_ 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, 2004 Fee will be \$550.00**

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

U00000122912  
 04/21/04-80049-014 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ENRIQUEZ, NELSON
STREET ADDRESS	8601 S.W. 94TH STREET, #125W
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:  04/17/04 305-642-2210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #