2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000077216

NELSON ENRIQUEZ P.I. INC.



FILED Apr 19, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2310 WEST FLAGLER ST. MIAMI, FL 33135

ENRIQUEZ, NELSON

8601 S.W. 94TH ST., #125W

MIAMI, FL 33156



DO NOT WRITE IN	I THIS	S SPA	CE
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6. Name and Address of Current Registered Agent

04162005	No Chg-P	CR2E034 (10/	03)
4. FEI Number	,		Applied For

5. Certificate of Status Desired

65-1034593

\$8.75 Additional Fee Required

Not Applicable

DO NOT WRITE

01 S.W. 94TH STREET, APT. 125W	DO NOT	** : : : :
AMI, FL 33156	 IN THIS	SPACE

MIAMI, FL 33156				IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its regi	istered office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Reg	sistered Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENRIQUEZ, NELSON 8601 S.W. 94TH STREET, #125W MIAMI, FL 33156	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					UQQCO0031\$422 Q4/19/0\$-80034-013 158.75	
TITLE NAME STREET AODRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS						

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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRESTED NAME OF SIGNING OFFICER OR DIRECTOR

305-642-2210

Daytime Prone #