
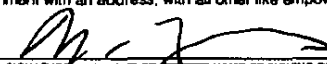


FILED
May 22, 2007 8:00 am
Secretary of State

04-27-2007 90199 015 ***163.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

47.

DOCUMENT # P0000077216			
1. Entity Name NELSON ENRIQUEZ P.I. INC.			
Principal Place of Business 2340 WEST FLAGLER ST. MIAMI, FL 33136		Mailing Address 8801 S.W. 94TH ST., #125W MIAMI, FL 33156	
2. Principal Place of Business - No P.O. Box # 11601 BISCAYNE BLVD. Suite, Apt. #, etc. 311 City & State MIAMI, FL.		3. Mailing Address 9281 W Bay Harbor DR. Suite, Apt. #, etc. #15 City & State MIAMI BEACH, FL.	
Zip 33181		Zip 33154-2735	
Country		Country	
4. FEI Number 65-1034593		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04212007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ENRIQUEZ, NELSON 8801 S.W. 94TH STREET, APT. 125W MIAMI, FL 33156 9281 W Bay Harbor DR. #15 MIAMI BEACH, FL. 33154-2735		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 file if applicable (NOTE: Registered Agent signature required when registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ENRIQUEZ, NELSON 8801 S.W. 94TH STREET, #125W MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NELSON ENRIQUEZ 9281 W Bay Harbor DR. #15 MIAMI BEACH, FL. 33154-2735 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Date: 04/25/07 Keytone Phone #: 305-642-2210	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	