

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90023 011 \*\*\*158.75

DOCUMENT # P0000077216  
 1. Entity Name  
 NELSON ENRIQUEZ P.I. INC.



Principal Place of Business: ~~11601 DISCAYNE BLVD. 311 MIAMI, FL 33181~~  
 Mailing Address: ~~9281 W. BAY HARBOR DR. #15 MIAMI BEACH, FL 33164 2735~~

40077716

2. Principal Place of Business - No P.O. Box #: 80 SW 8 ST.  
 Suite, Apt. #, etc.: 2000  
 3. Mailing Address: 500 NW 36 ST  
 Suite, Apt. #, etc.: #1203



04172008 Chg-P CR2E034 (12/06)

City & State: MIAMI FL.  
 Zip: 33130 Country: DADE  
 City & State: MIAMI FL.  
 Zip: 33127 Country: DADE

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  
 9281 W. BAY HARBOR DR. #15  
 MIAMI BEACH, FL 33164 2735  
 500 NW 36 ST. #1203  
 MIAMI FL. 33127

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: \_\_\_\_\_ 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> Delete
NAME: ENRIQUEZ, NELSON	
STREET ADDRESS: <del>9281 W BAY HARBOR DR. #15</del> 500 NW 36 ST.	
CITY-ST-ZIP: <del>MIAMI BEACH, FL 33164 2735</del> #1203 MIAMI, FL 33127	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-08 - 305-642-2210  
Date Daytime Phone #