## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 13, 2005 8:00 am Secretary of State

1. Entity Nam MARIPOS	MENT # PUTUUUU ne SA ENTERPRISES OF W				05-13-2005	90222 03	4 ****150.	00	
Principal Plac	ce of Business	Mailing Address							
15834 W. STATE RD. 84 SUNRISE, FL 33326		15834 W. STATE RD. Sunrise, FL 33326	15834 W. STATE RD. 84 SUNRISE, FL 33326		, 50052167				
Principal Place of Business     3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272005	Chg-P	CR2E0	34 (10/03)	•	
City & State		City & State		4. FEI Numbe 65-1133			<del></del>	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	, ,	\$8.75 Add Fee Require	litional	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent					
PAEZ, CR	ISTORAL		Name			_			
15834 W.	STATE RD. 84 , FL 33326		Street Address		r is Not Accepta	ble)			
,	,,= ====					<del></del>			
			City			FL	Zip Cod		
8. The above the obligat	e named entity submits this statement tions of registered agent.	t for the purpose of changing it:	s registered office or reg	gistered agent, or both	n, in the State of	Florida. I am	familiar with,	and accept	
the obligat	<ul> <li>named entity submits this statement tions of registered agent.</li> </ul>	at for the purpose of changing it.	s registered office or reç	gistered agent, or both	n, in the State of	Florida. I am	familiar with,	and accept	
8. The above the obligat	named entity submits this statement tions of registered agent.  Signature, typed or printed name of registered ag		s registered office or reg		n, in the State of	Florida. I am	familiar with,	and accept	
signature	tions of registered agent.	gent and title if applicable. (NO	TE: Registered Agent signature re		n, in the State of		familiar with,	and accept	
signature	Signature, typed or printed name of registered ag  E NOW!!! FEE IS \$150.00  ay 1, 2005 Fee will be \$550	gent and title if applicable. (NO	TE: Registered Agent signature re	\$5.00 May Be Added to Fees	n, in the State of	DATE			
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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 gnowared.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTS

Delete

ate Daytime Phone #

□ Change

■ Addition