

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023454

FILED
Mar 01, 2005
Secretary of State

Entity Name: YZAGUIRRE ENTERPRISES, INC.

Current Principal Place of Business:

5215 RAMSEY WAY
SUITE 1
FORT MYERS, FL 33907 US

New Principal Place of Business:

5245 RAMSEY WAY
UNIT 8
FORT MYERS, FL 33907 US

Current Mailing Address:

150 CARLISLE AVE S.
LEHIGH ACRES, FL 33936 US

New Mailing Address:

FEI Number: 56-2316806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YZAGUIRRE, TAMMY S
150 CARLISLE AVE S.
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: YZAGUIRRE, ESEQUIEL
Address: 150 CARLISLE AVE. S
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP,D () Delete
Name: YZAGUIRRE, TAMMY S
Address: 150 CARLISLE AVE S
City-St-Zip: LEHIGH ACRES, FL 33936 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY YZAGUIRRE

VP

03/01/2005

Electronic Signature of Signing Officer or Director

_____ Date