2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR

NTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 11, 2005 08:00 AM Secretary of State

`	/-11114/					Len II	1, 2003 00	OU AI
1. Entity Nam	MENT # P03000121 PRTE ENTERPRISES, INC.			Sec	cretary of S	State		
Principal Place	e of Business	Mailino Address	Mailing Address					
114 SW 6TH		114 SW 6TH STREET						
	FL 33009-6327	HALLANDALE, FL 33009-6327			-			
TIALUNIONEL								
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc		Suite, Apt. #, etc.			01252005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Number 20-0243		No	plied For t Applicable
Z ip	Country	Zip	Country			of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Agent	
				Name				
FORTE, G	ARY FH STREET ALE, FL 33009-6327			Street Address (P.O. Box Number is Not Acceptable)				
, ALLE-WALL	ALL, * E 00000-0027			City			Zip Code	
}				City			FL Zip Code]
the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing it	s register	ed office or register	red agent, or both	n, in the State of Fl	orida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE. Registere	ed Agent signature require:	d when rainstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.				.00 May Be ded to Fees			
10.	OFFICERS AND DIRECTORS 11			ADDITIONS/	CHANGES TO OF	ICERS AND DIRECTORS	S IN 11	
TITLE	P Delete TITO		E			☐ Change	☐ Addition	
NAME	FORTE, GARY		NAN	AE	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;			
STREET ADDRESS	114 SW 6TH STREET	STRE		EET ADDRESS	11000000225375			
CITY-ST-ZIP	HALLANDALE, FL 330096327	CITY		r-ST-ZIP	02/11/05-80035-020 150.00			
TITLE	☐ Delete Till		.E			☐ Change	☐ Addition	
NAME		NA NA		4E				
STREET ADDRESS			STRI	EET ADDRESS				
CITY-ST-ZIP	сп		CITY	r-st-zip				
TITLE	☐ Delete		TITL	LE CONTRACTOR OF THE PROPERTY		☐ Change	Addition	
NAME			NAN	AE .				
STREET ADDRESS			STR	EET AODRESS				
CITY-ST-ZIP			СПҮ	f-ST-ZIP				
TITLE		☐ Delete TITE		.E			☐ Change	☐ Addition
NAME			NAN	NE				
STREET ADDRESS			STR	EET ADDRESS				
CITY-ST-ZIP			CITY	Y-ST-ZIP				
TITLE	☐ Delete Tir		.E			Change	Addition	
NAME	MA		- 1					
STREET ADDRESS	1			EET ADDRESS				İ
CITY-ST-ZIP	СП		/-ST-ZIP			<u> </u>		
TITLE		☐ Delete 717		ŧ.			🗀 Change	Addition
NAME			NAN	· I				
STREET ADDRESS	35			EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
12. I hereby	certify that the information supplied wil	h this filing does not qualify f	or the exe	emption stated in Se	ection 119.07(3)(i), Florida Statutes.	I further certify that the in	nformation
indicated of the cor	certify that the information supplied will don this report or supplemental report reporation or the receiver or trustee emp , or on an attachment with an address,	is true and accurate and that cowered to execute this repo with all other like empowers	imy signa rt as requ d.	tiure snall have the lired by Chapter 60	same legal effect 7, Florida Statute:	as if made under s; and that my nar	oam, mat i am an oricer ne appears in Block 10 or	Block 11 if
J, 131 1980	, 5. 5., 5., 5., 5., 5., 5., 6., 6., 6., 6., 6., 6., 6., 6., 6., 6	1				1 1	,	امدر