
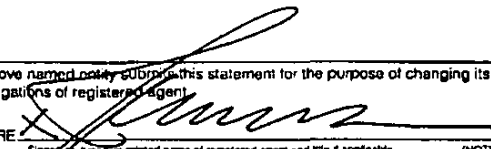
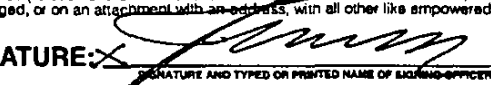


**2005 FOR PROFIT CORPORATION ANNUAL REPORT.**

**FILED**  
**Jun 28, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90003 050 \*\*\*158.75

DOCUMENT # P04000059972			
1. Entity Name CNN 21 ENTERPRESS INC			
Principal Place of Business <del>10421 N KENDALL DRIVE C-203</del> <del>MIAMI, FL 33186</del>		Mailing Address 10421 N KENDALL DRIVE C-203 <del>MIAMI, FL 33186</del>	
2. Principal Place of Business 5723 RIEDEL AVE. Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 441586 Suite, Apt. #, etc.	
City & State LAKE WORTH, FL.		City & State MIAMI, FL.	
Zip 334613639		Zip 33144	
Country USA		Country USA	
4. FEI Number 13-4278499		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, OMAR J <del>10421 N KENDALL DRIVE C-203</del> <del>MIAMI, FL 33186</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5723 RIEDEL AVE. City LAKE WORTH FL 33461-3639	
8. The above named party 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: 3639			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, OMAR J <del>10421 N KENDALL DRIVE C-203</del> <del>MIAMI, FL 33186</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 5723 RIEDEL AVE. LAKE WORTH, FL. 33461-8639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEFA R. RODRIGUEZ 5723 RIEDEL AVE. LAKE WORTH, FL. 33461-3639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 empowered.			
SIGNATURE: 		06/09/05 (305) 267-1024	

bb043301



06092005 Chg-P CR2E034 (10/03)

# ATTACHMENT

66023901

**June 21, 2005**

Department of State  
Division of Corporation.  
P.O.BOX 6327  
Tallahassee, Fl. 32314

**SUBJECT 2,005, ANNUAL REPORT**

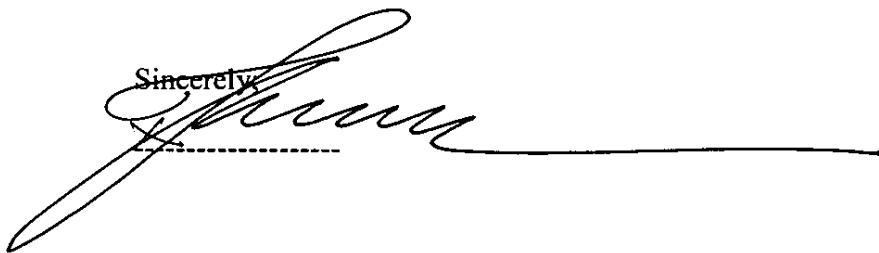
**Document # P04000059972**

We would like to inform the Department of Corporation that we have not received in time the Notification Report to update our corporation for the years 2,005. The new address is 5723 Riedel Ave Lake Worth, Fl. 33461-3639

We are requesting any waiver of penalties or interests and your deep understanding. Our Accountant question us about it and advise to explain as soon as posible the missing documents 2,005 Annual Report).

We need your support and understanding. Thanks

Sincerely,

A handwritten signature in black ink, appearing to be "J. M. ...", written over a horizontal dashed line. The signature is cursive and extends to the right of the line.