

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-13-2006 90291 013 ***150.00

DOCUMENT # P05000009996 1. Entity Name PHENIX HOME ENTERPRISES, INC.					
Principal Place of Business 2801 NE 183 ST #1611 AVENTURA FL 33160			Mailing Address 2801 NE 183 ST #1611 AVENTURA FL 33160		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 17971 Dixie Blvd Suite 115 Suite 115 Aventura FL City & State Zip 33160 Country Dade County			
City & State		City & State		4. FEI Number 20-2201896	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, MARIA G 2801 NE 183 ST #1611 AVENTURA FL 33160				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 D. J. J. Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when recertifying) DATE					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, MARIA G 2801 NE 183 ST #1611 AVENTURA FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VARELA, ROSA 2801 NE 183 ST #1611 AVENTURA FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: D. J. J. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					