2006 FOR PROFIT CORPORATION

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	-~" ^ ANNUAL	REPORT		-	Apr 1	17 , 2006 -0	8:00
DOCUMENT # P95000028038]	Se	17, 2006 0 cretary of	Stat
1. Entity Nan	ne OLDING ENTERPRISES, INC				•		
Dabile	DEDING ENTERPRISES, INC	•					
		4 3		1			
1 .	ce of Business	Mailing Address					•
600 WEST 2	NG ENTERPRISES O STREET	590 W 20TH ST HIALEAH, FL 33010 US	-				
HIALEAH, FL	. 33010			 	18 (Bine Mark) Mark Amile Ami		ASSUMES AS ABOUT
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L	OO NOT WRITE	CE	4. FEI Numb			plied For	
				65-058	32707	\$8.75 Add	t Applicable
				5, Certificate	e of Status Desired	Fee Require	
	6. Name and Address of Current R	egistered Agent			•		······································
	AS, WILFRED			DO	NOT W	DITE	
	CL 22010		_				
HIALEAH, FL 33010				IN .	THIS SP	PACE	
	named entity submits this statement for t	he purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Flo	orida. I am familiar with,	and accept
the obligat	tions of registered agent.		·.				·
SIGNATURE.	Signature, typed or printed name of registered agent and	Hills if amplicable ANOVE. Oppiston	ed Agent signature redulfer	Tubus salastalia a	+ m	DATE	
 	Signature, typed or printed nation or registered agent and	Title II applicable (NOTE: Registere	oz videur aldumine redititer	a wueu terustamid)		UAIE	AL.
	E NOW!!! FEE IS \$150.00	S. Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees			
	ay 1, 2006 Fee will be \$550.00	<u></u>				· · · · · · · · · · · · · · · · · · ·	
10.	OFFICERS AND D	RECTORS				•	
NAME	BRACERAS, WILFRED		İ				
STREET ADDRESS	590 WEST 20TH STREET		1				
CITY-ST-ZIP	HIALEAH, FL		.		10000	ስም (ለማ ግስ	
TITLE						0514279 -80163-017 11	58 75
STREET ADDRESS					તિલે કેટ પેતા પહોંગે નિર્દેશનો		<i>*</i>
CITY-ST-ZIP			↓ `				
TITLE NAME]				
STREET ADDRESS				DO	NOT W	DITE	
CITY-ST-ZIP			1	_	NOT W		
TITLE		3		IN '	THIS SF	PACE	
STREET ADDRESS			1			_ 	
CITY-ST-ZIP							
TIME		,	1				
NAME STREET ADDRESS			1				
OLLY CA MD			1				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

TITLE NAME STREET ADDRESS

> J racus SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04/12/06

Daytime Phone #