

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094858

Entity Name: 10 S ENTERPRISES, INC.

FILED
Mar 15, 2004
Secretary of State

Current Principal Place of Business:

1848 SW 11TH TERR
MIAMI, FL 33135

New Principal Place of Business:

5630 COPPER LEAF LANE
NAPLES, FL 34116 US

Current Mailing Address:

1848 SW 11TH TERR
MIAMI, FL 33135

New Mailing Address:

5630 COPPER LEAF LANE
NAPLES, FL 34116 US

FEI Number: 65-0958875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGUART, JULIO E
1848 SW 11TH TERR
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

GRAZIANI, LEEANNE W
1924 SANTA BARBARA BLVD.
SUITE 1
NAPLES, FL 34116 US

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: LEEANNE W. GRAZIANI

03/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAAD, RAUL
Address: 1848 SW 11TH TERR
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: SAAD, GABRIELA
Address: 1848 SW 11TH TERR
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SAAD, RAUL
Address: 5630 COPPER LEAF LANE
City-St-Zip: NAPLES, FL 34116 FL

Title: VP/D (X) Change () Addition
Name: SAAD, GABRIELA
Address: 5630 COPPER LEAF LANE
City-St-Zip: NAPLES, FL 34116

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: GABRIELA SAAD

VP/D

03/15/2004

Electronic Signature of Signing Officer or Director

Date