2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # V65307 ENTERPRISES CORP.						
2535 N.W. NORTH RIVER DRIVE MIAMI, FL 33125		Mailing Address 9745 SUNSET DRIVE SUITE 201 MIAMI, FL 33173-4649					
p. of these print and a species				***************************************		(1811 818W 818W 818W	BION ALBUMBI II INDI
D	O NOT WRITE	CE	02102005 No Chg-P CR2E034 (0/03) Applied For	
				65-0359	9074 of Status Desired	\$8.7	Not Applicable 5 Additional
	6. Name and Address of Current Re	gistered Agent				Fee F	equired
GOMEZ, F	ELIPA N.	and the second seco		not wi			
2535 NW N MIAMI, FL	NORTH RIVER DR. 33125	IN THIS SPACE					
			1 74			~ ~	
8. The above the obligati	named entity submits this statement for the lons of registered agent.	e purpose of changing its registere	ed office or register	ed agent, or both	, in the State of Flori	da. I am familia	r with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	itla if applicable. (NOTE: Rogistored	Agent signature required	when reinstating)		DATE	
Fili After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	cing \$5.				318 150.00	
10.	OFFICERS AND DIF	RECTORS			Andrew St. St.		The second second
TIFLE NAME STREET ADDRESS	GOMEZ, FELIPA N. 2535 NW NORTH RIVER DR.				Anger and Samuel S		A Sun
CITY-ST-ZIP	MIAMI, FL 33125		ne de hombre	भागा सम्बद्धाः हा हु। सम्बद्धाः सम्बद्धाः हा हु।	on the second of	e da sa de de serie. Dato Sappanario dig	
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NAME STREET ADDRESS CITY-ST-ZIP	N , ,	/			and the second second		
	ertify that the information supplied will this on this report or suppliemental report is tru coration or the receiver or trustee suppower or an attachment with an address, with	s filing does not qualify for the exer e and accurate and that my signate red to execute this report as requir- all other like empowered.	nption stated in Sec ure shall have the s ed by Chapter 607.	otkon 119.07(3)(i) ame legal effect Florida Statutes	, Florida Statutes, I fu as if made under oa and that my name a	urther certify that th; that I am an appears in Block	t the information officer or director t 10 or Block 11 if
SIGNAT	URE: SIGNATURE AND TYPED OR PRINT	Folips N. 60 to HAME OF SIGNING OF FICEN ON DIRECT		<u> </u>	-5-20.5 Date	954-564 Dayline P	