

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 A
Secretary of State

DOCUMENT # P04000112183

1. Entity Name

ALEX NOGUEIRAS, SR. ENTERPRISES, INC.



Principal Place of Business

7981 NW 54 ST
LAUDERHILL, FL 33351

Mailing Address

P.O. BOX 27011
TAMARAC, FL 33320



01142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4564190

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOGUEIRAS, ALEX SR.
7981 NW 54 ST
LAUDERHILL, FL 33351

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NOGUEIRAS, ALEX SR.
STREET ADDRESS	7981 NW 54 ST
CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	D
NAME	NOGUEIRAS, DEBRA L SR.
STREET ADDRESS	7981 NW 54 ST
CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000592733
01/22/07-80003-010 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/2007 954/560-5378