

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90033 026 \*\*\*158.75

**DOCUMENT # P06000032720**

1. Entity Name  
Enea GARDEN DESIGN, INC.



Principal Place of Business

4040 N.E. 2ND AVENUE  
SUITE 410  
MIAMI, FL 33137

Mailing Address

4040 N.E. 2ND AVENUE  
SUITE 410  
MIAMI, FL 33137

**66001952**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4602577**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SORDO, BLANCA R ESQ.  
9350 SOUTH DIXIE HIGHWAY  
TENTH FLOOR  
MIAMI, FL 33156

**DO NOT WRITE  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Enea, ENZO  
4040 N.E. 2ND AVENUE, SUITE 410  
MIAMI, FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
DA SILVA, CAROLINA M  
4040 N.E. 2ND AVENUE, SUITE 410  
MIAMI, FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
JAVIER DELGADO, GERARDO  
3825 SW 149 TERR  
MIRAMAR, FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*Carolina M. da Silva*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLINA M. DA SILVA, VICE PRESID.

02.27.08

Date

305.576.6702

Daytime Phone #