


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90051 009 ***150.00

DOCUMENT # 406338

1. Entity Name
THEREDCUPENTERPRISES,INC.



Principal Place of Business Mailing Address
7745 S W 75 TERR **7745 S W 75 TERR**
MIAMI, FL 33143 **MIAMI, FL 33143**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40002044



01102005 Chg-P CR2E034(10/03)

4. FEI Number
59-1427791 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARQUEZ, JOSEM.
782NWLEJEUNEROD
SUITE548
MIAMI, FL33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6303 BLUE LAGOON DRIVE, 3RD FLOOR STE 390

City **MIAMI** **FL** Zip Code
33126

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	MARQUEZ, JOSEM	
STREET ADDRESS	782NWLEJEUNEROD, SUITE548	
CITY-ST-ZIP	MIAMI, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GARCIA, HERIBERTO	
STREET ADDRESS	7745S.W.75TH TERRACE	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, JOSE M.	
STREET ADDRESS	6303 BLUE LAGOON DRIVE 3RD FLOOR STE 390	
CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: HERIBERTO GARCIA Date: 1-12-05 Daytime Phone #: 305-267-7811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR