

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 573677	
1. Entity Name CONESA ENTERPRISES, INC.	

Principal Place of Business 8370 W. FLAGLER ST., #140 MIAMI FL 33144	Mailing Address 8370 W. FLAGLER ST., #140 MIAMI FL 33144
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1915087	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent
PEREZ, JOHN W 8370 W. FLAGLER ST., #140 MIAMI FL 33144

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/>
NAME	PEREZ, JOHN W	
STREET ADDRESS	10745 SW 32ND STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VP	<input type="checkbox"/>
NAME	PEREZ, ROGER	
STREET ADDRESS	10745 SW 32ND STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	STD	<input type="checkbox"/>
NAME	PEREZ, NERIDA	
STREET ADDRESS	10745 SW 32ND STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VP	<input type="checkbox"/>
NAME	PEREZ, ROBERT	
STREET ADDRESS	10705 W. 32ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

00000082799
 03/10/04-80011-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John W Perez 3/8/04 305-219-6214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #