2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004445

Name:

Address: City-St-Zip: RICH, LAURENCE J

7445 E. PEAKVIEW AVE.

CENTENNIAL, CO 80111

FILED Apr 19, 2006 Secretary of State

Entity Nam	ne: ENSA	CAPITAL MANAGEMENT CORP.					
Current Principal Place of Business:				New Principal Place of Business:			
5281 S, QU GREENWO		GE, CO 80111					
Current Mailing Address:				New Mailing Address:			
2400 N. COMMERCE PKWY STE 105 WESTON, FL 33326			2883 EXECUTIVE PARK DRIVE SUITE 200 WESTON, FL 33331				
FEI Number:	84-1554254	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable()	Certificate of Status Desired	() t
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BERNAL, ALFREDO M 2400 N. COMMERCE PKWY SUITE 105 WESTON, FL 33326 US				BERNAL, ALFREDO M 2883 EXECUTIVE PARK DRIVE SUITE 200 WESTON, FL 33331 US			
The above in the State	named enti of Florida.	ty submits this statement for the p	urpose o	of changing i	ts registered o	ffice or registered agent,	or both,
SIGNATURE:				04/19/2006			
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financ	cing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	5281 S QUE	() Delete ENRIQUE DR. BEC STREET DD VILLAGE, CO 80111		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VTD BERNAL, AL 2400 N. COI WESTON, F	MMERCE PKWY STE., 105		Title: Name: Address: City-St-Zip:	BERNAL, ALFR 2883 EXECUTIV	VE PARK DRIVE	
Title:	SD	() Delete		Title:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALFREDO M. BERNAL VTD 04/19/2006