


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # G25353 1. Entity Name C & I ENTERPRISES, INC.	
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Principal Place of Business 7167 BOBALINK CT LAKE WORTH, FL 33467 US	Mailing Address 7167 BOBALINK CT LAKE WORTH, FL 33467 US
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04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2277182	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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6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**ARRUDA, RAYMOND
7167 BOBALINK CT
LAKE WORTH, FL 33467**

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 Raymond Arruda (NOTE: Registered Agent signature required when reinstating) DATE 4/25/05

**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 NAME STREET ADDRESS CITY - ST - ZIP	PTS ARRUDA, CYNDI YOUNG 7167 BOBALINK CT LAKE WORTH, FL 33467
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04/28/05-80111-003 150.00

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IN THIS SPACE**

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: Raymond Arruda **RAYMOND ARRUDA** 4/25/05 561-301-3256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #