


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90045 039 ***158.75

DOCUMENT # HS4232		
1. Entity Name SN'S ENTERPRISES, INC.		
Principal Place of Business 950 SE 4 AVENUE POMPANO BEACH FL 33060		Mailing Address 950 SE 4 AVENUE POMPANO BEACH FL 33060



2. Principal Place of Business - No P.O. Box # 1233 SE 11 AVE		3. Mailing Address 1233 SE 11 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DEERFIELD Bch FL		City & State DEERFIELD Bch FL	
Zip 33441	Country USA	Zip 33441	Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2638967		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LOPEZ, JEAN M 950 SE 4 AVENUE POMPANO BEACH FL 33060		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1233 SE 11 AVE City DEERFIELD Bch FL Zip Code 33441		

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 *Jeann Michel Lopez*

2-3-07

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST LOPEZ, JEAN M 950 SE 4 AVENUE POMPANO BEACH FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1233 SE 11 AVE DEERFIELD Bch, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-07

Date

954 931 2993

Daytime Phone #