


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # H97612 1. Entity Name ORIGINAL ENTERPRISES, INC.			
Principal Place of Business 12900 SW 89TH COURT MIAMI, FL 33176-5803		Mailing Address 12900 SW 89TH COURT MIAMI, FL 33176-5803	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent GARCIA, ROLAND B. 12900 SW 89TH COURT MIAMI, FL 33176		DO NOT WRITE IN THIS SPACE	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		000000197302 01/27/05 000000 000 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
PVP GARCIA, ROLAND B. 80 SOLANO PRADO CORAL GABLES, FL 33156			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
ST GARCIA, MARIA 80 SOLANO PRADO CORAL GABLES, FL 33156			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 19.07(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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			