2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J12613

Principal Place of Business

ESTÉFAN ENTERPRISES, INC.

1. Entity Name

Mailing Address

420 JEFFERSON AVENUE MIAMI BEACH, FL 33139 **420 JEFFERSON AVENUE**

MIAMI BEACH, FL 33139 US

FILED May 01, 2006 08:00 AN Secretary of State



01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2738452 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE **SUITE 3000** MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or cylinted name of registered agent and title it	fanolicable (NOTE Basistered A	nutencia toen	s required when reinstating)	DATE
	Signatura, typed or prateed traine or registation agent a so title	suppleation (No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	gen ognaan	- 70-Q01-0-2-71-01-13-01-12-12-12-12-12-12-12-12-12-12-12-12-12	1
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Financi Trust Fund Contribution. 	ng 🗆	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ESTEFAN, EMILIO JR 420 JEFFERSON AVENUE MIAMI BEACH, FL 33139				HARONOCECADT
TITLE NAME STREET ADDRESS CITY-ST-2IP	VSTD ESTEFAN, GLORIA M 420 JEFFERSON AVENUE MIAMI BEACH, FL 33139			•	05/17/06-80010-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMADEO, FRANK 420 JEFFERSON AVENUE MIAMI BEACH, FL 33139			DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amadeo President 2/21/2006