2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2005 08:00 AM

ANNOAL REPORT						Jan 20, 2003 00.00 A				
1. Entity Nar	MENT # J24254 THE NTERPRISES, INC.					Sec	cretary	r of S	State	
Principal Place of Business Mailing Address				<u> </u>	1		,			
I		-	•							
1220 S. WASHINGTON AVE.		C/O HITESH PATEL								
TITUSVILLE, FL 32780 US _		355 KNOX MCRAE DR		ľ						
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D. Delevate at f	11	T 20 14 15 4 1 1 1								
Z. Principal i	Place of Business	3. Mailing Address	3. Mailing Address			ERBI BIBLIO (ERBI DENLEDI		AK BURU BERI		
L			Critic Sub II ato		1					
Suite, Apt #, etc.		Suite, Apt #, etc		01042005	Chg-P	CR2E034	(10/03)			
			0. 4 0		<u> </u>					
City & State		City & State			4. FEI Numbe			<u> </u>	plied For	
					59-2703520 Not Applicable					
Zip Country		Zip Countr		try	5. Certificate of Status Desired \$8.75 Additional					
					37 34 111 3413		Fee	Require	ď	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Age	nt		
			ſ	Name						
MITESH, I										
355 KNOX		{	Street Address (P.O. Box Number	er is Not Acceptable	e)				
TITUSVILI	LE, FL 32780									
				City			,,,,,	Zip Code	a -	
				L ,			FL	•		
8. The above	named entity submits this statement for	or the purpose of changing its	s registere	ed office or register	red agent, or bot	h, in the State of Flo	orida i am fami	liar with,	and accept	
the obliga	tions of registered agent.	<u> -</u>							-	
SIGNATURE.										
SIGNATURE.	Signature, typed or printed name of registered agent	and little if applicable (NO	TL. Registered	Agent signature required	when reinstating)		DATE		 .	
						 				
211	E MONUE EEE 18 8450 00	9. Election Campa	aign Finan	cina \$5	.00 May Be					
After M	.E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	1			ed to Fees					
				_						
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIF	RECTORS	3 IN 11	
TITLE	PD	☐ Delete	MTLE					Change	☐ Addition	
NAME	VIRANI, SHYAM		NAME	:						
STREET ADDRESS	1220 N. WASHINGTON AVE		STREE	ET ADDRESS						
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NAME	HITESH, PATEL		NAME	· I	·	1600016 -2505355	4 334 33 -008/11 _00	10 10	១០៤ 📗	
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CITY-ST-ZIP				ST-ZIP				<u> </u>		
12. I hereby o	certify that the information supplied with	this filing does not qualify fo	r the exen	nption stated in Sec	ction 119 07(3)(i)	I, Florida Statutes. I	further certify the	nat the int	formation	
of the cor	on this report or supplemental report is poration or the receiver or trustee empo	wered to execute this report	as require	ed by Chapter 607	, Florida Statutes	as ii made under d i, and that my name	eur, man am ar Bappears in Blo	a onicer o ock 10 or	Block 11 if	
changed.	or on an attachment with an andress.	With all other like empowered			7	, , , , , , , , , , , , , , , , , , , ,	, ,			

SIGNATURE ()

AND TYPE TO E PRINTED NAME OF SIGNING OFFICER OR DIRECTOR