## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68377

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FT LAUDERDALE, FL

GAVAGNI, ROBERT L

730 NW 138TH ST

MIAMI, FL 33168

(X) Delete

VD

FILED Apr 21, 2004 Secretary of State

D 0 0 0 10		O, ,			ocorciary or otate	
<b>Entity Nar</b>	ENTERPRISES, INC.					
-		,				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
720 NI W. 1	38TH STREE	<b>F</b>				
	331689914	l				
,						
Current Mailing Address:			New Maili	New Mailing Address:		
	38TH STREE	Γ				
MIAMI, FL	331689914					
FEI Number:	65-0101183	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
CHAFETZ, EILEEN			GAVAGNI,	GAVAGNI, ROBERT		
999 WASHINGTON AVE. MIAMI BEACH, FL 33139				730 NW 138 ST MIAMI, FL 331689914		
IVIIAIVII BEA	CH, FL 33138		IVIIAIVII, FL	331689914		
Th					d - <b>6</b> 5i-kdk lkl-	
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	is registered	d office or registered agent, or both,	
CICNATUE	O 4 \ / 4 O b			0.4/04/000.4		
SIGNATUR	RE: ROBERT			04/21/2004		
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	PS ()	Delete	Title:		() Change () Addition	
Name:	GAVAGNI, ROS		Name:		( ) =	
Address:	730 N.W. 138TH	HST.	Address:			
City-St-Zip:	MIAMI, FL 3316	38	City-St-Zip:			
Title:	VDT ()	Delete	Title:		() Change () Addition	
Name:	GAVAGNI, JOSI	EPH A	Name:			
Address:	730 N.W. 138Th	HST.	Address:			
City-St-Zip:	MIAMI, FL 3316	88	City-St-Zip:			
Title:		Delete	Title:	VD	(X) Change ( ) Addition	
Name:	PETRUSEK, ER		Name:	gavagni, r		
Address:	14640 SW 21 S	Т	Address:	730 NW 138	RTH ST	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33168

() Change () Addition

SIGNATURE: JOSEPH GAVAGNI VDT 04/21/2004