

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-15-2005 90092 014 ***158.75
K83409

FILED

05 MAY 25 PM 12:45



1st MOORE CR2E034 (10/04)

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|--|--|---------------------|--|------------------------------------|----------|
| DOCUMENT # K83409 | | | | | |
| 1. Entity Name TRUJILLO ENTERPRISES INC. | | | | | |
| Principal Place of Business 576 NW 99 CT. MIAMI FL 33172 | | | Mailing Address 576 NW 99 CT. MIAMI FL 33172 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 65-0127606 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent TRUJILLO, EDUARDO A. 576 N. W. 99 COURT MIAMI FL 33172 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | P <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TRUJILLO, EDUARDO A. 576 NW 99 CT. MIAMI FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ST <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TRUJILLO, MARTHA P. 576 NW 99 CT. MIAMI FL | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> Delete | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | <input type="checkbox"/> Delete | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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05/12/05

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: *Eduardo A. Trujillo* (EDUARDO A. TRUJILLO) / MAY 12-05 (305) 226-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WE SEND THIS FORM SIGNED ON 5-06-05 WITHOUT SIGNATURE ON APRIL 8-05