

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044182

Entity Name: ENS FINANCIAL, LLC

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

2576 VOLTA CIRCLE
KISSIMMEE, FL 34746

New Principal Place of Business:

3842 GOLDEN FEATHER WAY
KISSIMMEE, FL 34746

Current Mailing Address:

2576 VOLTA CIRCLE
KISSIMMEE, FL 34746

New Mailing Address:

3842 GOLDEN FEATHER WAY
KISSIMMEE, FL 34746

FEI Number: 02-0776144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERIC, PEGUERO
2576 VOLTA CIRCLE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

ERIC, PEGUERO
3842 GOLDEN FEATHER WAY
KISSIMMEE, FL 34746 US

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.

SIGNATURE: ERIC PEGUERO

01/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEGUERO, ERIC L
Address: 2576 VOLTA CIRCLE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEGUERO, ERIC L
Address: 3842 GOLDEN FEATHER WAY
City-St-Zip: KISSIMMEE, FL 34746 US

Title: MGRM () Change (X) Addition
Name: HURTARTE, SILVIA
Address: 3842 GOLDEN FEATHER WAY
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ERIC PEGUERO

MGRM

01/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date