ANNUAL REPORT

DOCUMENT # L90617

1. Entity Name FELIZ ENTERPRISES, INC.

Mar 03 Secr

Principal Place of Business

6260 NW 52 ST CORAL SPRINGS, FL 33067 Mailing Address 6260 NW 52 ST CORAL SPRINGS, FL 33067



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DO	NO	WRITE IN	ILIO	SPACE	4. 1	FEI Number			Applied For
					٦	65-02089	63	Γ	Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

FELICIANO, LUIS 6260 NW 52 ST CORAL SPRINGS, FL 33067

DO NOT WRITE IN THIS SPACE

SIGNATURE Sputture, typed or united name of registered agent and the 4 applicable. NOTE: Registered Agent algorithm registered we not executive) DATE		named entity submits this statement for the plans of registered agent	urpose of changing its registered	doffice or registered agent, or bo	oth, in the State of Florida. I am fan	niliar with, and accept
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DESCRIPTION OF THE STREET ADDRESS CARD NW 52 ST COPAL SPRINGS, FL 33067 TITLE NAME NAME STREET ADDRESS CITY-ST-27P TITLE NAME NAME STREET ADDRESS CITY-ST-27P TITLE TITLE NAME STREET ADDRESS CITY-ST-27P TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-27P TITLE TIT	SIGNATURE	Signature, typed or printed name of registered agent and title	Lappi-cable. (NOTE, Reg stered a	Agent eignature required when relevating)	DATE	
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NAME STREET ADDRESS	NAME STREET ADDRESS.					
12. Thereby certify that the information supplied with this filling does not crallful for the exemption stated in Section 119.07(3V). Election States I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP					

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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/04

954 344 03 72