## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Enhty Nam	MENT # L90617 TERPRISES, INC.				
Principal Place of Business Mailing Address 6260 NW 52 ST CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067					
	O NOT WRITE II		CE	01292005 No Chg-P C 4. FEI Number 65-0208963	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
	52 ST — PRINGS, FL 33067		DO NOT WRITE IN THIS SPACE		
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  Signature, typed or privated name of registered agent and bits if applicable (NOTE Registered Agent agnoture required when renetating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be I rust Fund Contribution.   Added to Fees					
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIRECT D FELICIANO, LUIS 6260 NW 52 ST CORAL SPRINGS, FL 33067	CTORS .			338 13-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			en de decide de de	The second expression of the control	
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NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this f	iling does not qualify for the exe	mption stated in Se	action 119.07(3)(i), Florida Statutes. I furt	ther certify that the information
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.  Date Downer Proces					
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