2005 FOR PROFIT CORPORATION . ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

DOCUMENT # M30418 1. Entity Name ENI (MIAMI) CORPORATION	- · · · ·	
Principal Place of Business	Mailing Address	
1501 venera avenue Suite 210	1501 venera avenue Suite 210	
CORAL GABLES, FL 33146 US	CORAL GABLES, FL 33146	US



DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

				¢g 75	Additional
	59-274558	3			Not Applicable
Į.	FEI Number			<u> </u>	Applied For

Fee Reculred

Daytima Phone #

5. Certificate of Status Desired
8. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A. 520 BRICKELL KEY DR. OFFICE PLAZA SUITE 305 MIAMI, FL 33131

SIGNATURE:

DO NOT WRITE IN THIS SPACE

			1					
8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its regis	stered office or i	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	SIGNATURE							
	Signature, typed or printed name of registered agent and little if applicable, (NOTE, Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET AODRESS CITY-ST-ZIP	D PAPADAM, ANDRE 1501 VENERA AVENUE, SUITE 210 CORAL GABLES, FL				Hooppoorter			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAPADAM, ENI 1501 VENERA AVENUE, SUITE 210 CORAL GABLES, FL				U00000311154 04/18/05-80033-025 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					The state of the s			
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 for trusted 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.								