

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90222 002 ***150.00

DOCUMENT # M92037 1. Entity Name COUNTRY CONNECTION, INC.					
Principal Place of Business 3526 S UNIVERSITY DR DAVIE, FL 33328 US			Mailing Address 3526 S UNIVERSITY DR DAVIE, FL 33328 US		
2. Principal Place of Business <i>5155 S. University Dr.</i> Suite, Apt. #, etc.		3. Mailing Address <i>5155 S. University Dr.</i> Suite, Apt. #, etc.			
City & State <i>Davie, FL</i>		City & State <i>Davie, FL</i>		4. FEI Number 65-0073271	
Zip <i>33328</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENRUEZ, DOLORES 11450 NW 30TH PL SUNRISE, FL 33323				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <i>[Signature]</i> DATE: <i>4/22/05</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				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 NAME STREET ADDRESS CITY-ST-ZIP	PDST ENRIQUEZ, DOLORES 11450 N W 30TH PLACE SUNRISE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ENRIQUEZ, JAIME 11450 N W 30TH PLACE SUNRISE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>[Signature]</i> DATE: <i>4/22/05</i>	