## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N97000002390



2. Principal Place of Bus	iness - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED** Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90090 027 \*\*\*\*61.25

1. Entity Name ENRIQUE		ATION, INC.						<b>UUU</b> -			
			Address I. RIVERSIDE DR. ANTIC, FL. 32903-	4418						IIIK EN INGI	
Principal Place of Business - No P.O. Box #     3. A			3. Mailing	3. Mailing Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			01302007	Chg-NP	CR2E037	(12/06)		
City & State		City	City & State			4. FEI Numbe 59-3444			No	plied For t Applicable	
Zip					Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name at	nd Address of Current	Registered	Agent		Name	7. Name and	Address of New R	registered Ag	ent	
	, JAMES N DWARD S ), FL 32803	Τ.				Street Address (	(P.O. Box Numbe	r is Not Acceptable	9)		
					-	City	,mer		FL	Zip Cod	е
	named entity s ions of register	submits this statement fo ed agent.	or the purpos	e of changing its re	egistere	d affice or registe	red agent, or bot	h, in the State of Fl	orida. I am far	niliar with,	and accept
SIGNATURE .	Signature, typed or	printed name of registered agent	and title if applic	able. (NOTE F	Registered	Agent signature require	d when reinstating)		DATE		
				tion Campaign Financing							
	_						\$5.00 May B Added to Fees		lake check prida Departm		
10.	_		RECTORS				Added to Fees		rida Departm	ent of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUE by Ma DT ENRIQUEZ 3350 NORT	OFFICERS AND DIE PAUL TH RIVERSIDE DRIVE			11. HILE NAME STREE	on. []	Added to Fees	Flor	rida Departm RS AND DIRE	ent of S	tate
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Indicated on this report or supplied with this litting does not qualify for the exemptions contained in Chapter 119. 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 617, 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:

Mary Euriques SDT SIGNATURE AND TYPE OF PRINTED NAME OF SIGNATURE AND TYPE OF PRINTED NAME OF SIGNATURE OF DIRECTOR