## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 04, 2008 8:00 am Secretary of State 02-04-2008 90039 021 \*\*\*150.00

1. Entity Nam	MENT # P0000001 e ENTER, INC.	0350				02-04-2008	90039 021	130	).00
Principal Place of Business		Mailing Address		•	Approv	, •			
7202 N.W. 31ST ST MIAMI, FL 33122		7202 N.W. 31ST ST MIAMI, FL 33122							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-P	CR2E034 (	12/06)		
City & State		City & State			4. FEI Numbe 65-0988			+	plied For t Applicable
Zip	Country	Zip	Country		<del></del>	of Status Desired		<b>75</b> Add Required	
	6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New F	Registered Agen	t	
CHUNG, HEMING 7202 N.W. 31ST ST MIAMI, FL 33122				Name Street Address (P.O. Box Number is Not Acceptable)					
			-	City			FL	Zip Code	•
	named entity submits this statement ions of registered agent.	for the purpose of changing it	s registere	d office or regis	stered agent, or both	n, in the State of Fl	orida. I am famili	ar with,	and accept
SIGNATORE	Signature, typed or printed name of registered age	ent and title it applicable. (NO	TE: Registerea	Agent signature requ	ured when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Cor		· - •	55.00 May Be added to Fees			-	
10.	<del></del>	D DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIR	ECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP								Change	☐ Addition
TITLE			TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	DO, DO MINH 7202 N.W. 31ST ST		NAME STREE				_	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I				Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I .				Change	☐ Addition

12. I hereby certify that the information supplied with this filing 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 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: \(\struck{\Lambda}\)