

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028705

FILED
May 04, 2005
Secretary of State

Entity Name: ENTERPRISE INTERIOR CONSTRUCTION, INC.

Current Principal Place of Business:

3801 SW 47 AVENUE
SUITE 504
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

3801 SW 47 AVENUE
SUITE 504
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0995452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, C. RANDALL
11575 HERON BAY BOULEVARD, #315
HERON BAY CORPORATE CENTER
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: VECSEY, NORMAN
Address: 3801 SW 47 AVENUE, SUITE 504
City-St-Zip: DAVIE, FL 33314

Title: P () Delete
Name: GALANTER, ELLIOT
Address: 3801 SW 47 AVENUE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIOT GALANTER

P

05/04/2005

Electronic Signature of Signing Officer or Director

_____ Date