2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000082148

1. Entity Name
RED DOOR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6400 PEMBROKE RD MIRAMAR, FL 33023	6400 PEMBROKE RD MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE

01262005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-1093601	Applied For
	Not Applicable

5. Certificate of Status Desired	☑	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUTMAN, LLOYD M ESQ.
1761 W. HILLSBORO RD
SUITE 202
DEERFIELD BEACH, FL 33442

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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 _____

Signature, typed or printed name of registered agent and title 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
Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	JEAN LOUIS, LEOMA
STREET ADDRESS	5052 SW 167 AVENUE
CITY-ST ZIP	MIRAMAR, FL 33027

TITLE	DV
NAME	JEAN LOUIS, VIOLETTE
STREET ADDRESS	5052 SW 167 AVE
CITY-ST-ZIP	MIRAMAR, FL 33027

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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: _____ LEOMA JEAN LOUIS, president   1/26/05 (954) 966-4763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #