2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90352 011 ***150.00

1. Entity Nam	MENT # P00000093 TENTERPRISES, INC.			05-01-2006 90352 011 ***150.00											
Principal Place	e of Business	Mailing Address			400										
18526 NW 6		-18526 NW.67TH AVE													
MIAMI, FL-3		MIAMI, FL-33015													
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1025		249Th 146	NOR		<u> </u>	104 \$1 11 12 13 13 13 13 13 1									
Suite, Apt.		Suite, Apt. #, etc.	City F	ZL.	04122006	Chg-P	CR2E	034 (11/05)							
City & State	e /	City & State			4. FEI Numbe 65-104			<u> </u>	pplied For at Applicable						
Zip	Country	Zip n n n	Country SA			of Status Desire	d 🗆	\$8.75 Add	···						
3337		33328	254					Fee Require	d						
	6. Name and Address of Current	Registered Agent	Name	-10		Address of Ne									
FLORIDO,	ENRIQUE R				Ride										
	67TH AVE		Street A	ddress (f	P.O. Box Numbe	er is Not Accept	able)								
-MIAMILEL	-33016		107	53	500 9	19th 1	14~01	<u></u>							
	e named entity submits this statement fo								28						
8. The above	named entity submits this statement for	r the purpose of changing its	registered office o	r register	ed agent, or bot	h, in the State o	Florida. I an	familiar with,	and accept						
the obligat	tions of registered agent.		_	_,											
SIGNATURE	X Z Lando		SIGNATUREX Elando ENRÍQUER, FloRIDO X 4-26-06												
	Signature prod or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent signal	ure required	when reinstating)		DATE								
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campai Trust Fund Cont	ign Financing ribution.	\$5.	00 May Be ed to Fees		DATE								
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12. Thereby certify that the information supplied with this fulling does not qualify for the exemptions contained in Chapter 119, Fronce Statutes. Further certify that if a minimation indicated on this report is 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: _	x S	louide	ENRIQUE R. FLORIDO	x 4-2k	4786277-6367
J. J. 11 J. 11 J. 12	SIGNATURE	MID TYPED OR PRINTED NAME OF	SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #