

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000111398

1. Entity Name
ENCORE INTERNATIONAL CORP.



Principal Place of Business

**13416 SW 131 STREET
MIAMI, FL 33186**

Mailing Address

**13416 SW 131 STREET
MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CRZE034 (11/05)

4. FEI Number
65-1063569

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, FATIMA
8402 SW 162 TERRACE
MIAMI, FL 33157**

**DO NOT WRITE
IN THIS SPACE**

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 reregistering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	LOPEZ, FATIMA
STREET ADDRESS	8402 SW 162 TERRACE
CITY-STATE-ZIP	MIAMI, FL 33157
TITLE	VD
NAME	LOPEZ, CAETANO
STREET ADDRESS	8402 SW 162 TERRACE
CITY-STATE-ZIP	MIAMI, FL 33157
TITLE	S
NAME	LOPEZ, PAULO
STREET ADDRESS	12185 SW 125 CT
CITY-STATE-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000396717
01/30/06-80020-012 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06

Date

305-234-8005

Daytime Phone #