

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020077

FILED
Apr 11, 2008
Secretary of State

Entity Name: FLORIDA ENTERPRISES & ASSOCIATES, INC.

Current Principal Place of Business:

8357 NW 66 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8357 NW 66 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-8337557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESSOIR, CLIRVAENS
8357 NW 66 STREET
MIAMI, FL 33166 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: PRESSOIR, CLIRVAENS
Address: 8357 NW 66 STREET
City-St-Zip: MIAMI, FL 33166

Title: PD () Delete
Name: REGO, THERESA
Address: 788 WESTLINE AV.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRESSOIR, CLIRVAENS
Address: 8357 NW 66 STREET
City-St-Zip: MIAMI, FL 33166

Title: TD (X) Change () Addition
Name: REGO, THERESA
Address: 788 WESTLINE AV.
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLIRVAENS PRESSOIR

PD

04/11/2008

Electronic Signature of Signing Officer or Director

Date