


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000020765</b> 1. Entity Name <b>ENCOMIUM CORP.</b>	
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Principal Place of Business <b>407 LINCOLN ROAD #5B MIAMI BEACH, FL 33139</b>	Mailing Address <b>407 LINCOLN ROAD #5B MIAMI BEACH, FL 33139</b>
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**DO NOT WRITE IN THIS SPACE**

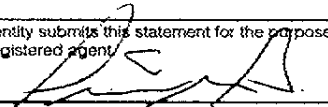
08262004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1082490</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>BRITO, LUIS G 407 LINCOLN ROAD #5B MIAMI BEACH, FL 33139</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>8-26-04</b> <small>DATE</small>
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD ACOSTA, LENY 1602 ALTON ROAD PMB #69 MIAMI BEACH, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ROMAIOWE, ALEJANORO 1602 ALTON RD. #69 MIAMI, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000171263  
08/30/04-80011-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> <b>LENY ACOSTA</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>8-26-04</b> <small>Date</small>	<b>3055824498</b> <small>Daytime Phone #</small>
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