


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000031735 1. Entity Name HEAD ENTERPRISES, INC.	
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Principal Place of Business
**4361 E 10TH LANE
HIALEAH, FL 33013**

Mailing Address
**4361 E 10TH LANE
HIALEAH, FL 33013**



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1120919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MACHADO, CARLOS M ESQ
1000 BRICKELL AVENUE
SUITE 660
MIAMI, FL 33131**

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000115341

04/16/04-80020-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVELO, HECTOR 4361 E 10TH LANE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVELO, HECTOR M 4361 E 10TH LANE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVELO, ALEXIS 4361 E 10TH LANE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORRES, ELAINE 4361 E 10TH LANE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Hector Alvelo Sr. Hector Alvelo SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04
Date

Daytime Phone #