

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90027 003 ***150.00

DOCUMENT # P01000062023

1. Entity Name
ENGAMI CORPORATION



Principal Place of Business
**210 HAWTHORNE GROVES BLVD
104
ORLANDO, FL 32835**

Mailing Address
**210 HAWTHORNE GROVES BLVD
104
ORLANDO, FL 32835**

J4U6J130



2. Principal Place of Business
719 Good Homes Rd
Suite, Apt. #, etc.

3. Mailing Address
719 Good Homes Rd
Suite, Apt. #, etc.

02242004 Chg-P CR2E034 (10/03)

City & State
Orlando FL
Zip
32818 Country
ORANGE

City & State
Orlando FL
Zip
32818 Country
ORANGE

4. FEI Number
37-1430448 Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARQUES, MARCOS
57 BATTLER STREET
ORLANDO, FL 32828**

7. Name and Address of New Registered Agent

Name
ENRIQUE VUOLO
Street Address (P.O. Box Number is Not Acceptable)
2419 OAKINGTON ST
City
Winter Garden FL Zip Code
34787

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

2/24/04

**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**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VUOLO, ENRIQUE	
STREET ADDRESS	210 HAWTHORNE GROVES BLVD	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	VUOLO PENA, MARIA G	
STREET ADDRESS	210 HAWTHORNE GROVES BLVD	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VUOLO, ENRIQUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	2419 OAKINGTON ST.	
STREET ADDRESS	WINTER GARDEN FL 34787	
CITY-ST-ZIP		
TITLE	VUOLO PENA, MARIA G.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	2419 OAKINGTON ST	
STREET ADDRESS	WINTER GARDEN, FL 34787	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ENRIQUE VUOLO**

2/24/04 407-822-0102