

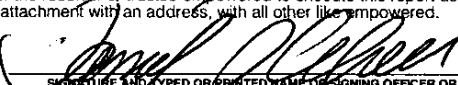


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90077 027 ***150.00

DOCUMENT # P01000069617 1. Entity Name THIRTY EIGHT ENTERPRISES, INC.					
Principal Place of Business 250 BIRD ROAD 200 CORAL GABLES, FL 33146				Mailing Address 250 BIRD ROAD 200 CORAL GABLES, FL 33146	
2. Principal Place of Business 1005 W. 29th St. Suite, Apt. #, etc.		3. Mailing Address 1005 W. 29th St. Suite, Apt. #, etc.			
City & State Hialeah, Florida		City & State Hialeah, Florida		4. FEI Number 65-1122889	
Zip 33012		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARI, MANUEL J ESQ. 250 BIRD ROAD 200 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Daniel A. Abreu Street Address (P.O. Box Number is Not Acceptable) 1005 W. 29th St. City Hialeah	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABREU, DANIEL 250 BIRD ROAD 200 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Abreu, Daniel A. 1005 W. 29th St. Hialeah, FL 33012
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABREU, HUMBERTO 250 BIRD ROAD 200 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Abreu, Humberto 1005 W. 29th St. Hialeah, FL 33012
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARBEU, AIDA 250 BIRD ROAD 200 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Abreu, Aida 1005 W. 29th St. Hialeah, FL 33012
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3-8-05 Daytime Phone #					