

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90221 001 ***150.00

DOCUMENT # P01000070151

1. Entity Name
ENLACE CORP.



Principal Place of Business
**2625 SW 87TH AVE
MIAMI, FL 33165**

Mailing Address
**2625 SW 87TH AVE
1120
MIAMI, FL 33165**

94071200



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-1121416

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUCCO, ELIZABETH
2625 SW 87TH AVE
MIAMI, FL 33165**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME **RUCCO, ANA M**
STREET ADDRESS **THE GROVES, 6215 KENDALL LAKES CIR. E270**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE PD
NAME **RUCCO, ANA M.**
STREET ADDRESS **2625 SW 87 AVE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE PD
NAME **VARGAS, HUGO F**
STREET ADDRESS **8885 SW 147 AVE #1120**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE PD
NAME **VARGAS HUGO F.**
STREET ADDRESS **2625 SW 87 AVE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE PD
NAME **RUCCO, COLTES E**
STREET ADDRESS **8885 SW 147 AVE APT 1120**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE PD
NAME **RUCCO, Elizabeth**
STREET ADDRESS **2625 SW 87 AVE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-04

Date

305-2272007

Daytime Phone #