

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

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
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03312005 No Chg-P CR2E034 (10/03)

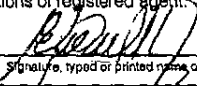
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1121416	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUCCO, ELIZABETH 2625 SW 87TH AVE MIAMI, FL 33165

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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  DATE **04-27-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUCCO, ANA M 2625 SW 87 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VARGAS, HUGO F 2625 SW 87 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUCCO, COLTES E 2625 SW 87 AVE MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/03/05-80017-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:  (205) 227-2007 04-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #