

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90056 011 ***150.00

DOCUMENT # P01000092118	
1. Entity Name SOUSA ENTERPRISES OF FLORIDA, INC.	



Principal Place of Business 1946 S. OLD MILL DRIVE DELTONA, FL 32725	Mailing Address 1946 S. OLD MILL DRIVE DELTONA, FL 32725
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50007440

2. Principal Place of Business 3112 N Woodland Blvd	3. Mailing Address 3112 N Woodland Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01172005 Chg-P CR2E034 (10/03)

City & State DeLand, FL	City & State DeLand, FL
Zip 32720	Zip 32720
Country	Country

4. FEI Number 59-3745359	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 SOUSA, CARLOS 1946 S. OLD MILL DELTONA, FL 32725	
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7. Name and Address of New Registered Agent Name Carlos Sousa Street Address (P.O. Box Number is Not Acceptable) 3112 N Woodland Blvd City DeLand FL 32720	
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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 <i>Carlos Sousa</i>	DATE 1-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOUSA, CARLOS 1946 S. OLD MILL DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOUSA, OLIVIA 1946 S. OLD MILL DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/04	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 380 S Shell Road DeLand, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 380 S Shell Road DeLand, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Carlos Sousa</i>	DATE 1/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	