


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000112365**  
 1. Entity Name  
**75 RETAIL ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**3469 NE 169TH STREET**      **3469 NE 169TH STREET**  
**N MIAMI BEACH, FL 33160**      **N MIAMI BEACH, FL 33160**

**DO NOT WRITE IN THIS SPACE**



01092006    No Chg-P    CRZE034 (1/05)

4. FEI Number <b>65-1158703</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  
**SOULIAGUINE, EVGUENI**  
**3469 NE 169TH STREET**  
**N MIAMI BEACH, FL 33160**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

110000444324  
 03/06/06-80047-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOULIAGUINE, EVGUENI
STREET ADDRESS	3469 NE 169TH STREET
CITY-ST-ZIP	N MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Evgeni Souliaguine*      Date: 2/15/06      Daytime Phone #: 305-725-9599  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR