2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000112365

75 RÉTAIL ENTERPRISES, INC.



FILED Jan 09, 2008 08:00 AN **Secretary of State**

Principal Place of Business

3469 NE 169TH STREET N MIAMI BEACH, FL 33160 Mailing Address

3469 NE 169TH STREET N MIAMI BEACH, FL 33160



DO NOT WRITE IN THIS SPACE

01042008 Applied For 4. FEI Number 65-1158703 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SOULIAGUINE, EVGUENI **3469 NE 169TH STREET** N MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

No Chg-P

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	named entity submits this statement for the points of registered agent.	ourpose of changing its registere	ed office or ri	egistered agent, or bo	th, in the State of Florida. I am familia	r with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and bite	if applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fir Trust Fund Contributio			ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE RAME STREET ADDRESS CITY-ST-ZIP	D SOULIAGUINE, EVGUENI 3469 NE 169TH STREET N MIAMI BEACH, FL 33160				U00000776497 01/09/08-80027-004	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
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TITLE NAME STREET ADDRESS					· · · · · · · · · · · · · · · · · · ·	•

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.

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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR