## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2007 08:00 A Secretary of State

1. Entity Name	MENT # P020000200 NTERPRISES, INC.	)43 <sub>.</sub>		a a		
Principal Place	of Business	Mailing Address	:	**		
1881 CORNEI ORLANDO, FL		1881 CORNERVIEW LN ORLANDO, FL 32820		1 102(104) 111 05	IE 11811 BENIN EENIN BRIN	4304 MBA 1808 BBW 91843 WSFR W 1844
D	O NOT WRITE	IN THIS SPA	Œ	04172007  4. FEI Number 01-07796  5. Certificate of	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	-1. 14.11	物品的证明		
ORLANDO	MANDER DR #305 ), FL 32822			INT	IOT W HIS SP	ACE
	named entity submits this statement for ions of registered agent.	the purpose of changing its registe	ered office or regist	ered agent, or both,	in the State of Flo	rida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent ar	ad title if applicable (NOTE: Registe	ered Agent signature requir	red when reinstating)		DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.0	9. Election Campaign Fin Trust Fund Contribution		5.00 May Be		
10.	OFFICERS AND D	DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEIJO, RICHARDO 1881 CORNERVIEW LN ORLANDO, FL 32820					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
IITLE NAME STREET ADDRESS CITY-ST-ZIP				DOI	W TOP	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				INT	HIS SF	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						720101
TITLE NAME STREET ADDRESS CITY-ST-ZIP						80092-001 150.00
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee ampor or on an attachment with an address, w	true and accurate and that my sig	nature shall have th	ie same legal elfect i	as if made under i	oath: that I am an officer or director