2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 03, 2006 08:00 AM Secretary of State

Date

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DOCUMENT # P02000021730				Secretary of State
1. Entity Nan		· ·		
	ENTERPRISES, INC	•		
				· ·
· ·		ailing Address		
5682 DEWB		682 DEWBERRY WAY	_	
WEST PALM	BEACH, FL 33415	VEST PALM BEACH, FL 33418	5	}
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DO NOT WRITE IN THIS SPACE				announce to the P. Officer (star)
			CE	03092006 No Chg-P CR2E034 (11/05)
				4, FEI Number Applied For
				01-0618737Not Applicable
				5 Certificate of Status Desired
				5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent				
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5682 DEWBERRY WAY				DO NOT WRITE
WEST PALM BEACH_FL_33415				III TIIIA ANIAE
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6. The above names entry 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.				
a ie obliga	One of the state o			
SIGNATURE				
	5 presure required name of registered agent and title	if applicable (NOTE, Registered	d Agent signature required	when reinstating) DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	TORS	<u> </u>	
TITLE	D		1	
NAME	GARCIA, JOSE C		i	•
STREET ADDRESS	5682 DEWBERRY WAY		<u> </u>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	•	1	
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12. Thereby cominy that the information disposited with this filling foes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplied with this filling foes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplied with this filling foes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplied with this filling foes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplied with this filling foes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplied with this filling foes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplied with this filling foes not qualify for the exemptions contained in Chapter 119, Florida Statutes.				
12. (Thereby carlify that the information dupolled with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under eath, that I am an officer or director of the corporation or the receiver of invised empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.				
changed, or on an attachment with an angless, with all other like empowered.				