


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State


05-13-2004 90006 014 ***150.00

DOCUMENT # P02000023950	
1. Entity Name ENZO LOCO, INC.	

Principal Place of Business 777 NW 72ND AVE. RM #2BB64 MIAMI FL 33126	Mailing Address 777 NW 72ND AVE. RM #2BB64 MIAMI FL 33126
---	---

2. Principal Place of Business 211 NORTHWEST DRIVE	3. Mailing Address 211 NORTHWEST DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33126	Country DADE

	
MOORE	CR2E034 (11/03)
4. FEI Number 02-0565865	<input type="checkbox"/> 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 CRUZ, ALEXANDRA 777 NW 72ND AVE. RM #2BB64 MIAMI FL 33126	7. Name and Address of New Registered Agent Name: CRUZ, ALEXANDRA Street Address (P.O. Box Number is Not Acceptable): 211 NORTHWEST DRIVE City: MIAMI FL Zip Code: 33126
--	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS CRUZ, ALEXANDRA 777 NW 72ND AVE. MIAMI FL 33126 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Alexandra Cruz - ALEXANDRA Cruz. 4-30/04 (305) 2619088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #