

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 05, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000026318

**1. Entity Name
ENTERPRISE FINANCE SERVICES, INC.**



Principal Place of Business

**3600 S. STATE ROAD 7
212
MIRAMAR, FL 33023**

Mailing Address

**3600 S. STATE ROAD 7
212
MIRAMAR, FL 33023**



05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
37-1422432**

**Applied For
Not Applicable**

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JANVION, JOSE O
1931 NW 182 TERRACE
PEMBROKE PINES, FL 33029**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME JANVION, JOSE
STREET ADDRESS 1931 NW 182 TERRACE
CITY-ST-ZIP PEMBROKE PINES, FL 33029**

**TITLE DS
NAME JANVION, JOSE JR
STREET ADDRESS 1931 NW 182 TERRACE
CITY-ST-ZIP PEMBROKE PINES, FL 33029**

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

**TITLE
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CITY-ST-ZIP**

000000155533
05/05/04-80042-003 150.00

**DO NOT WRITE
IN THIS SPACE**

000000155533
05/05/04-80042-004 8.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 (954)989-5992

Date

Daytime Phone #