

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90288 001 ***500.00

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1. Entity Name
ENHANCED REALTY, P.A.

Principal Place of Business
**4500 N STATE RD 7
203#8
LAUDERHILL, FL 33319**

Mailing Address
**4701 NW 98 TH WAY
CORAL SPRINGS, FL 33076**

66017920



2. Principal Place of Business

4701 Northwest 98th Way
Suite, Apt. #, etc.

3. Mailing Address

4601 Mark E. Ingber, C.P.A., P.A.
Suite, Apt. #, etc.
10100 West Sample Road #326

04212006 Chg-P CR2E034 (11/05)

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

04-3634979

Applied For

Not Applicable

Zip
33076

Country
US

Zip
33065-3573

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JUNE, MINNIE D
4701 NW 98TH WAY
CORAL SPRINGS, FL, FL 33076**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
JUNE, MINNIE D
4701 NW 98 WAY
CORAL SPRINGS, FL 33076** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JUNE, MINNIE D
4701 NW 98 TH WAY
CORAL SPRINGS, FL 33351** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Minnie D. June, President 4/26/06

954-510-0109
Daytime Phone *