

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 06, 2004 08:00 AM

UBR Secretary of State

Cardozo Enterprise Inc.



01162004 No Chg-P CR2E034 (10/03)

DOCUMENT # P02000043182

1. Entity Name
CARDOZO ENTERPRISE INC.



Principal Place of Business
5309 NW 79TH AVE
MIAMI, FL 33166

Mailing Address
5309 NW 79TH AVE
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3647232

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, ESNEDE
107 SO. NW 66TH ST
MIAMI, FL 33178

**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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000078205
03/08/04-80017-025 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
LEE, ESNEDE
107 SO. NW 66 STREET #112
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/04
Date

Daytime Phone #