

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90353 026 ***150.00

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02162005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000073042 1. Entity Name EN ARMONIA, INC.			
Principal Place of Business 2276 SW 31 AV MIAMI, FL 33145		Mailing Address 7162 NW 72 AVE. MIAMI, FL 33166	
2. Principal Place of Business 7162 NW 72 AV Suite, Apt. #, etc. Miami FL		3. Mailing Address Suite, Apt. #, etc. 	
City & State 		City & State 	
Zip 33166	Country USA	Zip 	Country
4. FEI Number 04-3699391		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 URTIZBEREA, RAUL L 2276 SW 31 AV MIAMI, FL 33145		7. Name and Address of New Registered Agent Name CECILIA NARBATZ Street Address (P.O. Box Number is Not Acceptable) 7162 NW 72 AV City Miami FL Zip 33166	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reselecting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 V NAME URTIZBEREA, RAUL L STREET ADDRESS 2276 SW 31 AV CITY-ST-ZIP MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME NARBATZ, CECLIA O STREET ADDRESS 2276 SW 31 AV CITY-ST-ZIP MIAMI, FL 33145	<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)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/10/05 <small>Optional Phone #</small>	