

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

DOCUMENT # P02000073042

04-24-2006 90354 045 ***150.00

ENARMONIA, INC.



60029380



1. Principal Place of Business 7162 NW 72 AVE MIAMI, FL 33166		Mailing Address 7162 NW 72 AVE. MIAMI, FL 33166	
2. Principal Place of Business 7166 NW 72 AV Suite, Apt. #, etc.		3. Mailing Address 7166 NW 72 AV Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33166	Country USA	Zip 33166	Country USA
4. FEI Number 04-3699391		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75-Additional Fee Required	
6. Name and Address of Current Registered Agent NARBAITZ, CECILIA 7162 NW 72 AVE MIAMI, FL 33166		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
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 must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NUMBER - FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Trust Fund Contribution <input type="checkbox"/> \$5,000 may be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V	<input type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME URTIZBEREA, RAUL L		NAME URTIZBEREA, RAUL L	
STREET ADDRESS 2276 SW 31 AV 7166 NW 72 AV MIAMI FL 33166		STREET ADDRESS 7166 NW 72 AV MIAMI FL 33166	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NARBAITZ, CECILIA		NAME NARBAITZ, CECILIA	
STREET ADDRESS 2276 SW 31 AV MIAMI FL 33145		STREET ADDRESS 7166 NW 72 AV MIAMI FL 33166	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 reports 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: _____