2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000073198 ** 1. Entity Name ENTERPRISE INVESTMENTS, INC.			FILED 04 AUG -4 AM II: 39			
851 NORTH SURF RD #202	Mailing Address 851 NORTH SURF RD #202 HOLLYWOOD, FL 33019) (PRIME C)	SECRETA TALLAFA		
			08032004	No Chg-P	CR2E034 (·
			4. FEI Number 04-3702			Applied For Not Applicable
6. Name and Address of Current Reg	Istered Agent		5. Certificate of	of Status Desired		.75 Additional Required
BENITZ, CARLOS 851 NORTH SURF #202 HOLLYWOOD, FL 33019	The second section of the second section secti					
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 08/17/04-01004-012 **300,00 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees	In accordance v corporation did	vith s. 607,193 not receive th	3(2)(b), F.S., the e prior notice.
10. OFFICERS AND DIRI TITLE DP NAME BENITEZ, CARLOS M STREET ADDRESS 851 NORTH SURF RD #202 CITY-SI-ZIP HOLLYWOOD, FL 33019 TITLE NAME	ECTORS					
STREET ADDRESS CITY-ST-ZIP		j				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 TO SEE OF DEPART	ED NAME OF SIGNING OFFICER OR DIRECT	TOR		Date	Daytim	e Phone #