


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90242 001 ***450.00

DOCUMENT # P02000093683

1. Entity Name
ENCINOMAN, INC.



Principal Place of Business
**7425 NW 4 ST
 PLANTATION, FL 33317**

Mailing Address
**7425 NW 4 ST
 PLANTATION, FL 33317**

2. Principal Place of Business
1521 NE 26 Ave
 Suite, Apt. #, etc.

3. Mailing Address
1521 NE 26 Ave
 Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33304 Country

Zip
33304 Country



03312005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**KRANE, DOUGLAS
 7425 NW 4 ST
 PLANTATION, FL 33317**

4. FEI Number
45-0485757 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1521 NE 26 Ave
 City **Ft. Lauderdale** FL Zip Code **33304**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

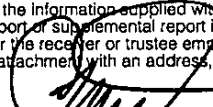
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KRANE, DOUGLAS	
STREET ADDRESS	1521 NE 26 AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of the following information:

SIGNATURE:  **CHARLES W. LANE, JR., CPA, PA**
CERTIFIED PUBLIC ACCOUNTANT
7425 N.W. 4th STREET
PLANTATION, FLORIDA 33317

Date **2/29/05** Daytime Phone # **954-321-6300**