


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90511 003 \*\*\*150.00

<b>DOCUMENT # P02000101779</b>		
1. Entity Name ENZO & CO., INC.		

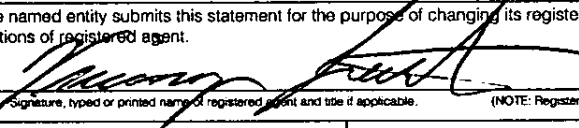
Principal Place of Business 2907 E COMMERCIAL BLVD. FT LAUDERDALE, FL 33308	Mailing Address 2907 E COMMERCIAL BLVD. FT LAUDERDALE, FL 33308
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2. Principal Place of Business 8830 NW 80th Drive Suite, Apt. #, etc.	3. Mailing Address 8830 NW 80th Drive Suite, Apt. #, etc.
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City & State Tamarac, FL	City & State Tamarac, FL
Zip 33321	Country USA

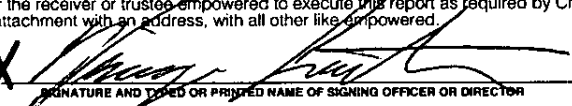
6. Name and Address of Current Registered Agent LICATA, VINCENZO 2907 E COMMERCIAL BLVD. FT LAUDERDALE, FL 33308	
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7. Name and Address of New Registered Agent Name: Licata, Vincenzo Street Address (P.O. Box Number is Not Acceptable): 8830 NW 80th Drive City: Tamarac FL Zip Code: 33321	
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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: 4/24/05 (NOTE: Registered Agent signature required when reinstating)	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LICATA, VINCENZO 2907 E COMMERCIAL BLVD. FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Licata, Vincenzo 8830 NW 80th Drive Tamarac FL 33321 <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
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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)(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	X 4/24/05 954-818-8497 Date Daytime Phone #