


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90049 033 ***150.00

DOCUMENT # P02000111533		
1. Entity Name E & A ENTERPRISES OF SOUTH FLORIDA, INC.		

Principal Place of Business 472 W. 51 PLACE HIALEAH, FL 33012	Mailing Address 110 ROYAL PALM RD. #219 HIALEAH GARDENS, FL 33016
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24017467



2. Principal Place of Business		3. Mailing Address 472 W 51 Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hialeah, Florida	
Zip	Country	Zip	Country
		33012	U.S.A.

03032004 Chg-P CR2E034 (10/03)

4. FEI Number 61-1428733	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASAS, ELEAZER 110 ROYAL PALM RD #219 HIALEAH GARDENS, FL 33016	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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 P	<input checked="" type="checkbox"/> Delete		TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CASAS, ELEAZAR			NAME CASAS, ELEAZAR		
STREET ADDRESS 110 ROYAL PALM RD #219			STREET ADDRESS 5790 W 17 CT		
CITY-ST-ZIP HIALEAH GARDENS, FL 33016			CITY-ST-ZIP Hialeah, FL 33012		
TITLE VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RODRIGUEZ, THELMA			NAME		
STREET ADDRESS 2347 WEST 69 STREET			STREET ADDRESS		
CITY-ST-ZIP HIALEAH, FL 33016			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 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:  **3-3-04 305-824-1220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #