2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000010458

1. Entity Name
360 ENT, INC.

Principal Place of Business	Mailing Address
10745 SW 55 ST. MIAMI, FL 33165	10745 SW 55 ST. MIAMI, FL 33165

01192006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business 3825 S Le Jeune Rd	**3.** Mailing Address 3825 S Le Jeune Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Coconut Grove	City & State Coconut Grove
Zip 33146	Country	Zip 33146	Country

4. FEI Number
47-0908127

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

OROSA, DERRICK
10745 SW 55 ST.
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3825 S Le Jeune Rd

City Coconut Grove   FL   Zip Code 33146

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 _Derrick Orosa President_   _1/19/06_

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS	**11.**		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OROSA, DERRICK 10745 SW 55 ST. MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: _Derrick Orosa_   _Derrick Orosa_   _1/19/06_   _(786)886-8641_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #