

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90270 013 ***150.00

DOCUMENT # P03000010458 1. Entity Name 360 ENT, INC.			
Principal Place of Business 3825 S. LE JUENE RD COCONUT, FL 33146		Mailing Address 3825 S. LE JUENE RD COCONUT, FL 33146	
2. Principal Place of Business - No P.O. Box # 299 Alhambra Circle Suite, Apt. #, etc. Suite-231 City & State Coral Gables, FL Zip 33134		3. Mailing Address 299 Alhambra Circle Suite, Apt. #, etc. Suite 231 City & State Coral Gables, FL Zip 33134	
4. FEI Number 47-0908127		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01092007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent OROSA, DERRICK 3825 S. LE JUENE RD COCONUT GROVE, FL 33146		7. Name and Address of New Registered Agent Name Orosa, Derrick Street Address (P.O. Box Number is Not Acceptable) 299 Alhambra Circle Suite 231 City Coral Gables FL Zip Code 33134	
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: President 11/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing-- Trust Fund Contribution. <input type="checkbox"/> \$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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Orosa, Derrick 299 Alhambra Circle, Suite 231 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANEGAS, JORGE F 18622 BOB-O-LINK DRIVE HIALEAH, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vanegas, Jorge F 299 Alhambra Circle, Suite 231 Coral Gables, FL 33134
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
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 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:		Date 11/1/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	