


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90006 010 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P03000049700</b>                 |  |
| 1. Entity Name<br><b>ENCO INVESTMENT CORP.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>7908 MANDARIN DRIVE<br/>BOCA RATON, FL 33433</b> | Mailing Address<br><b>7908 MANDARIN DRIVE<br/>BOCA RATON, FL 33433</b> |
|--|--|

**54070191**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

08242004 Chg-P CR2E034 (10/03)

4. FEI Number **01-0784145** Applied For  
Not Applicable

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

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>IBRAHIM, KAMAL<br/>7908 MANDARIN DRIVE<br/>BOCA RATON, FL 33433</b> |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS   |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete |
| <b>P<br/>IBRAHIM, KAMAL<br/>7908 MANDARIN DRIVE<br/>BOCA RATON, FL 33433</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete |
| <b>V<br/>BISHEI, KATRIN<br/>1934 LOST OAKS LANE<br/>BOCA RATON, FL 33498</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete |
| <b>T<br/>LILLIAN, ZARIFA<br/>21840 MARIGOT DR<br/>BOCA RATON, FL 33428</b>   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete |
|  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete |
|  |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>BISHEI, CATHERINE<br/>21257 Rock Ridge Dr<br/>Boca Raton FL 33428</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  **KAMAL IBRAHIM** 8/24/04 482-2595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #