

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000049700

1. Entity Name
ENCO INVESTMENT CORP.



**FILED
Jan 25, 2005 8:00 am
Secretary of State**

01-25-2005 90045 004 ***150.00

Principal Place of Business
7908 MANDARIN DRIVE
BOCA RATON, FL 33433

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01162005 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

7. Name and Address of New Registered Agent

IBRAHIM, KAMAL
7908 MANDARIN DRIVE
BOCA RATON, FL 33433

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 P
NAME IBRAHIM, KAMAL
STREET ADDRESS 7908 MANDARIN DRIVE
CITY-ST-ZIP BOCA RATON, FL 33433

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE V
NAME BISHEI, CATHERINE
STREET ADDRESS 21257 ROCK RIDGE DR
CITY-ST-ZIP BOCA RATON, FL 33428

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE T
NAME LILLIAN, ZARIFA
STREET ADDRESS 21840 MARIGOT DR
CITY-ST-ZIP BOCA RATON, FL 33428

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ZARIFA, LILLIAN Change Addition
Same address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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

1/25/05 561 4822595
Date Daytime Phone #