## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 24, 2005 08:00 AM DOCUMENT # P03000067090 **Secretary of State** F&G COVENANT ENTERPRISE, INC. Principal Place of Business Mailing Address 101 NORTHWEST 71ST STREET POST OFFICE BOX 370604 MIAMI FL 33150 MIAMI FL 33137-0604 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-1193601 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 Zip Code FL 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 it applicable DATE fNOTE Registered Agent signature required when reinstaling? FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE PD nne ☐ Change Addition ☐ Delete U00000242049 MARIE FLORE R. GEORGES NAME NAME 02/24/05-80068-016 150.00 STREET ADDRESS 101 NORTHWEST 71ST STREET STREET ADDRESS MIAMI FL 33150 CITY ST-ZIP 011Y-S1-7IP SD TITLE TITLE Defete ☐ Change Addition NAME GEORGES, LEONEL NAME 101 NORTHWEST 71ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33150** CHTY-ST-74P TITLE Delete pneChange Addition LAGUERRE, HELLEN NAME STREET ADDRESS 101 NORTHWEST 71ST STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33150 CITY-ST-ZIF Change HILE Delete TITLE Addition MANAG NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP Change Addition HILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY-ST-ZIP TITLE Delete BUE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY ST-7IP 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)(1), 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 truster appropriate 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:

Feb. 18, 2005 (305)331-0778

**FILED**