


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90200 001 ***150.00

DOCUMENT # P03000082082 1. Entity Name DUNI ENTERPRISES CORPORATION	
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Principal Place of Business 2085 PAINTED PALM DR NAPLES, FL 34119	Mailing Address 2085 PAINTED PALM DR NAPLES, FL 34119
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05102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0121528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORREA, DUBRASKA J 2085 PAINTED PALM DR NAPLES, FL 34119
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**DO NOT WRITE
IN THIS SPACE**

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
Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	P CORREA, DUBRASKA J 2085 PAINTED PALM DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, NIVIA A 8764 IBIS COVE CIRCLE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PEREZ, LUIS R 8764 IBIS COVE CIRCLE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, NELSON J 2085 PAINTED PALM DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Dubaska Correa Dubaska Correa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-12-05
Date

239-603507
Daytime Phone #