## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 01, 2004 8:00 am Secretary of State

AVE STREET ADDRESS OTTY-ST-2P TITLE NAME STREET	1. Entity Name	MENT # P0300010 NTERPRISES, INC.	5546				02-19-20	04 90019 (	)33 ***	150.00
405 NORTH HIBSCUS DRIVE SUITE 107  MAIN BEACH, FL 33139  ADMINING EXALL, FL 33139  ADMINING EXALL FL 30130  AL FEB Number  A FEB Number	Principal Place	e of Business			1 .			n <b></b> 11.	3 . 1 . 4 . 3	
Suite, Apt. 4, etc.    Cary & State					JITE 107			v	0200	
City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S. State Address of Current Registered Agent  T. Name and Address of How Regist	2. Principal P	lace of Business	3. Mailing Address	·	······································					
ZP Country Zp Country S. Certificate of Status Desired Status Desired S. Certificate of Status Desired Seat Status Desired Seat Seat Seat Seat Seat Seat Seat Seat	Suite, Apt. #, etc. Suite, Apt. #, etc.					1	•	CR2E034	(10/03)	
S. Name and Address of Current Registered Agent  7. Name and Address of How Registered Agent  ROUSSO, DARREN JESO T  ALHAMBRA WEST, 95 MERRICK WAY SUITE 440  CORAL GABLES, FL 33134  City  City  FL Zip Code  City  FROM Namber in Note In the State of Florita. I am familiar with, and accept the objection of registered agent.  J Zip Code  City FL Zip Code  FL Zip Code  City  FROM Name and Address of How Registered Agent  City  FL Zip Code  City  FROM Name and Address of How Registered Agent  City  From Required  Name  City  From Address of How Registered Agent  Address of How Registered Agent  Address of How Registered Agent  City  From Required  From Required  Name  City  From Required  Name  City  From Required  From Required  Name  City  From Required  Name  City  From Required  Fr	City & State City & State					4. FEI Numbe	20-025	2425		
ROUSSO, DARREN-J-ESQ TALHAMBRA WEST, 96 MERRICK WAY SUITE 440  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Till process of registered agent. Street agent and the registered office or registered agent. Or both, in the State of Florida. I am familiar with, and acceptable to designations of registered agent.  SIGNATURE  FILE HOWILI FEE IS \$150.00  After Riny 1, 2004 Fee with be \$559.00  Debte TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ADDITIONS/CHANGES TO OF	Złp	Country Zip Co			6 Certificate of Statile Decised					
ROUSSO, DARREN, FESO TALLAMBRA WEST, 95 MERRICK WAY SUITE 440  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florice. I. ann familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE MOWILI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$500.00  After		6. Name and Address of Curre	nt Registered Agent		Neme	7. Name and	Address of New	Registered Age	ent	
E. 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.    Page   P	ALHAMBR	A WEST, 95 MERRICK WAY				s (P.O. Box Numbe	is Not Acceptab	ie)		
the obligations of registared agent.    3   SignATURE					City		<del></del>	FL	Zip Code	
Affeir Rissy 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   DPTS	در: ک	ions of registered agent.			·					
TILE  WME  ASTRET ADDRESS  CITY-ST-2P  MIAMI BEACH, FL 33139  Delete  TILE  V  MAKE  STRET ADDRESS  CITY-ST-2P  MIAMI BEACH, FL 33139  Delete  TILE  V  MAKE  STRET ADDRESS  CITY-ST-2P  MIAMI BEACH, FL 33139  Delete  TILE  MAKE  STRET ADDRESS  CITY-ST-2P  MIAMI BEACH, FL 33139  Delete  TILE  MAKE  STRET ADDRESS  CITY-ST-2P  TILE	FIL After M	Ë NOWIII FEE IS \$150.00 ny 1, 2004 Foo will be \$55	9. Election Camp Trust Fund Co			5.00 May Be dded to Fees				
WASTRET ADDRESS OTY-ST-2P TITLE TITL						ADDITIONS/	CHANGES TO OF			
STRET ADDRESS CITY-ST-2P  MIAMI BEACH, FL 33139  TITLE  V CAFIROVA, ALBENA A05 NORTH HIBISCUS DRIVE SUITE 107 STRET ADDRESS CITY-ST-2P  TITLE  MAME STRET ADDRESS CITY-ST-2P  TITLE  MIAMI BEACH, FL 33139  CITY-ST-2P  TITLE  TIT		, -· · · ·	Delete	1	1			Ε	_] Change	Addition
AMME SIRET ADDRESS CITY-ST-ZP  TITLE MAME SIRET ADDRESS CITY-ST-ZP  CITY-ST-ZP  TITLE MAME SIRET ADDRESS CITY-ST-ZP  TITLE MAME SIRET ADDRESS CITY-ST-ZP  TITLE MAME SIRET ADDRESS CITY-ST-ZP  CITY-ST-ZP  TITLE MAME SIRET ADDRESS CITY-ST-ZP		405 NORTH HIBISCUS DRIVE								
STREET ADDRESS CTY-ST-ZP MIAMI BEACH, FL 33139    Delete   MIKE     Delete   MIKE     Change   Additional content   MIKE     Change   Additional content   MIKE     MIKE		1 '	☐ Delete						Change	☐ Addition
MAME STREET ADDRESS -DTV-ST-ZP	STREET ADDRESS	405 NORTH HIBISCUS DRIVE	SUITE 107	STRE	EET ADORESS					
STREET ADDRESS - DTY-ST-ZP			☐ Delete		-				Change	Addition
TITLE    Delete   TITLE   Change   Additional content   Change   Additional content   Additio					_					
NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  MAWE  STREET ADDRESS CITY-ST-ZIP  TITLE  MAWE  STREET ADDRESS CITY-ST-ZIP  TITLE  MAWE  STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  MAWE  STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  MAWE  STREET ADDRESS CITY-ST-ZIP  CITY							- <del></del>		-نـ-	· 4
STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   Change   Additional content of the company of the corporation or the receiver or trustee empowered top execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 or Block 1			Delefe		- 1			Ĺ	Change	Addition
THE Change Additional Change A	STREET ADDRESS			STRE	ET ADDRESS	<del></del>	<del></del> *			
STREET ADDRESS CITY-ST-ZP  TITLE    Delete   ITILE   MAME   Change   Additional Control of the corporation or this report or stupplemental 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 try execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with all gather like empowered to empowered to the composition 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 changed, or on an attachment with all gather like empowered to			☐ Delete						Change	☐ Addition
TITLE    TITLE   Delete   TITLE   MAME   MAME   MAME   MAME   STREET ADDRESS   CTTY-ST-ZP      TITLE   MAME   STREET ADDRESS   STREET ADDRESS   CTTY-ST-ZP      TITLE   MAME   STREET ADDRESS   STREET ADDRESS   CTTY-ST-ZP      TITLE   MAME   MAME   CTTY-STREET ADDRESS   CTTY-ST-ZP      TITLE   MAME   CTTY-STREET ADDRESS   CTTY-ST-ZP      TITLE   MAME   CTTY-STREET A		1			- L					
TILE  MAKE  SIRET ADDRESS  CITY-51-2P  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 try execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with all giber like empowered try.							•			
STREET ADDRESS CITY-ST-ZP  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 changed, or on an attachment with an address, with all given like empowered to.	TITLE		☐ Delete		<del></del>	<u> </u>		E	Change	☐ Addition
CITY-51-2P  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 eath; 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 changed, or on an attachment with an address, with all given like empowered to.				4			·			
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under dath; 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 changed, or on an attachment with an address, with all gither like empowered.										
	muicatec	I on this report of suppliemental repo	rt is true and accurate and the npowered to execute this rep- is, with all other like empowers	atoma sidena	iture snali have m	ie same legaliene:	it as if made under is; and that my har	roath; that I am ne appears in E	an officer Block 10 or	or director