2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# P03000110857

Entity Name: INDIO ENTERPRISES, INC.

Current Principal Place of Business:

2880 B ROAD
LOXAHATCHEE, FL 33414

New Principal Place of Business:

Current Mailing Address:

2880 B ROAD
LOXAHATCHEE, FL 33414

New Mailing Address:

FEI Number: 52-2406170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, DONNIE
912 N 21ST STREET
FT. PIERCE, FL 33450 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: SANCHEZ, LIVIA F
Address: 13543 DOUBLETREE TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: D/VP ( ) Delete
Name: SANCHEZ, RAMON III
Address: 7471 LANTANA ROAD
City-St-Zip: LAKEWORTH, FL 33467

Title: D/S ( ) Delete
Name: SANCHEZ, ALICIA
Address: 3491 ORCHID ROAD
City-St-Zip: LANTANA, FL 33462

Title: D/T ( ) Delete
Name: SANCHEZ, JOHANNA
Address: 13543 DOUBLETREE TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: SANCHEZ, CRYSTAL
Address: 13543 DOUBLETREE TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: CLARK, DONNIE
Address: 912 NORTH 21ST STREET
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIVIA F SANCHEZ DP 03/06/2007

Electronic Signature of Signing Officer or Director — Date