


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90049 017 \*\*\*150.00

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # P03000121095</b>  |   |   |  |                       |  |
| <b>1. Entity Name</b><br><b>ENTERPRISE GROUP ONE, INC.</b>  |   |   |  |  |  |
| <b>Principal Place of Business</b><br><b>751 CYPRESS LANE</b><br><b>APT. H</b><br><b>POMPANO BEACH, FL 33064</b>  |   |   | <b>Mailing Address</b><br><b>751 CYPRESS LANE</b><br><b>APT. H</b><br><b>POMPANO BEACH, FL 33064</b> |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br><b>4143 EASTRIDGE circle</b>   |   | <b>3. Mailing Address</b><br><b>4143 EASTRIDGE circle</b>   |  |  |  |
| <b>Suite, Apt. #, etc.</b>  |   | <b>Suite, Apt. #, etc.</b>  |  |  |  |
| <b>City &amp; State</b><br><b>POMPANO BCH-FL</b>  |   | <b>City &amp; State</b><br><b>POMPANO BCH FL</b>  |  | <b>4. FEI Number</b><br><b>51-0487507</b>  |  |
| <b>Zip</b><br><b>33064</b>  |   | <b>Country</b><br><b>EUA</b>  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>ROCHA, CARLOS A</b><br><b>751 CYPRESS LANE</b><br><b>APT. H</b><br><b>POMPANO BEACH, FL 33064</b>  |   | <b>7. Name and Address of New Registered Agent</b><br><b>Name</b><br><b>ROCHA, CARLOS A</b><br><b>Street Address (P.O. Box Number is Not Acceptable)</b><br><b>4143 EASTRIDGE circle</b><br><b>City</b><br><b>POMPANO BCH FL - EUA FL</b> <b>Zip Code</b><br><b>33064</b> |  |  |  |
| <b>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.</b>  |   |   |  |  |  |
| <b>SIGNATURE</b> _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small> <b>DATE</b> _____   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 14, 2007</b>  |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br><b>Trust Fund Contribution.</b>  |  |  |  |
| <b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>   |   |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>D</b> <input type="checkbox"/> <b>Delete</b><br><b>ROCHA, CARLOS A</b><br><b>751 CYPRESS LANE APT. H</b><br><b>POMPANO BEACH, FL 33064</b> |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                           | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> <b>Delete</b>  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                           | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> <b>Delete</b>  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                           | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> <b>Delete</b>  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                           | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> <b>Delete</b>  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                           | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> <b>Delete</b>  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                           | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>                        |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.</b> |   |   |  |  |  |
| <b>SIGNATURE:</b> _____   |   |   | <b>07-02-2007</b><br><small>DATE</small>   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |  |  |  |
| <small>Daytime Phone #</small>  |   |   |  |  |  |