

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90035 025 ***150.00

DOCUMENT # PO3000146366
1. Entity Name ERY ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1210 35TH ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State	
Zip 32805	Country	Zip	Country

4. FEI Number 20-0448490	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name
A AND J ADVISORY SERVICE
Street Address (P.O. Box Number is Not Acceptable)
2620 BUTTONWOOD AVE

City
MIRAMAR **FL** Zip Code
33025

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 _____ **PRESIDENT** _____ **3/11/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TREASURER EDDIE ROSA 333 W GRANT ST ORLANDO FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SECRETARY YAZMIN LOPEZ 333 W GRANT ST ORLANDO FL 32806
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **PRESIDENT** _____ **3/11/2004** **(954) 668-4855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #