

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000014037  
 1. Entity Name  
 68 ENTERPRISES, INC.



Principal Place of Business  
 P.O. BOX 2378  
 FORT PIERCE, FL 34954-2378

Mailing Address  
 P.O. BOX 2378  
 FORT PIERCE, FL 34954-2378

**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3781891

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACIAS, RAUL L  
 2613 S 29TH ST  
 FORT PIERCE, FL 34981

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

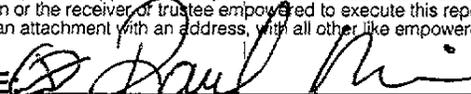
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACIAS, RAUL L P.O. BOX 2378 FORT PIERCE, FL 349542378
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000551078  
 05/13/06-80086-021 150.00

**DO NOT WRITE IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  4/26/06