

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000050705

1. Entity Name
ENHANCED TRANSITIONS, INC.



Principal Place of Business
12308 SW 123 PASSAGE
MIAMI, FL 33186

Mailing Address
12308 SW 123 PASSAGE
MIAMI, FL 33186



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4277560

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUERRA, EVELYN
12308 SW 123 PASSAGE
MIAMI, FL 33186

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GUTIERREZ, GUSTAVO J**
STREET ADDRESS **12308 SW 123 PASSAGE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VT**
NAME **GUERRA, EVELYN**
STREET ADDRESS **12308 SW 123 PASSAGE**
CITY-ST-ZIP **MIAMI, FL 33186**

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05/13/08-80059-022 150.00

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

SIGNATURE:

Evelyn Guerra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08 786-242-5140

Date

Daytime Phone #