

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053986

FILED
Apr 29, 2005
Secretary of State

Entity Name: FLORES'S FAMILY ENTERPRISE, INC.

Current Principal Place of Business:

797 NW 151 AVENUE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

326 STERLING DRIVE
WINTER HAVEN, FL 33881

Current Mailing Address:

797 NW 151 AVENUE
PEMBROKE PINES, FL 33028

New Mailing Address:

326 STERLING DRIVE
WINTER HAVEN, FL 33881

FEI Number: 04-3788386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES, OMAR R
797 NW 151 AVENUE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

FLORES, OMAR R
326 STERLING DRIVE
WINTER HAVEN, FL 33881 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLORES, OMAR
Address: 797 NW 151 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD () Delete
Name: FUENMAYOR, MALENA
Address: 797 NW 151 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: FLORES, MALENA
Address: 3761 SW 59 TERRAE APT. 206
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: FLORES, OSCAR E
Address: 797 NW 151 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLORES, OMAR
Address: 326 STERLING DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD (X) Change () Addition
Name: FUENMAYOR, MALENA
Address: 326 STERLING DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

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 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 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: OMAR FLORES

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date