

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000055963**

1. Entity Name  
**TEN OAKS ENTERPRISES, INC.**



Principal Place of Business  
**4750 PINE DR.  
MIAMI, FL 33143**

Mailing Address  
**4750 PINE DR.  
MIAMI, FL 33143**



02262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-1456203**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PLUMMER, PHILIP  
4750 PINE DR.  
MIAMI, FL 33143**

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PLUMMER, PHILIP
STREET ADDRESS	4750 PINE DR.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	PLUMMER, MICHAEL
STREET ADDRESS	14541 SW 76TH ST.
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D
NAME	PLUMMER, THOMAS
STREET ADDRESS	9010 SW 198TH TERR.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	PLUMMER, JEAN
STREET ADDRESS	4750 PINE DR.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	PLUMMER, ROXANN
STREET ADDRESS	14541 SW 76TH ST.
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/12/07-80012-012 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/07**

Date

**305 688 4525**

Daytime Phone #