2005 FOR PROFIT CORPORATION

Jul 22, 2005 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P04000061527 04-04-2005 90090 032 ***150.00 1. Entity Name FONSECA ENTERPRISES, CORP. Principal Place of Business Mailing Address **EEDZZZAP3** 14359 MIRAMAR PARKWAY 14359 MIRAMAR PARKWAY SUITE 227 SUITE 227 MIRAMAR, FL 33027 MIRAMAR, FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07202005 Chg-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For <u> 20-09934</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FONSECA, RENE A Street Address (P.O. Box Number is Not Acceptable) 14359 MIRAMAR PARKWAY SUITE 227 MIRAMAR, FL 33027 City Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD TITLE ☐ Delete TITLE Change ☐ Addition FONSECA, RENE A NAME NAME STREET ADDRESS 14359 MIRAMAR PARKWAY STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZiP TITLE VP Delete TITLE Change ☐ Addition FONSECA, MAJVOR NAME STREET ADDRESS 14359 MIRAMARK PARKWAY STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 11 if changed, or on an attachment with an aptorese, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME

SIGNATURE:

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CITY-ST-ZIP

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☐ Delete

☐ Change

Addition

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FONSECA ENTERPRISES

14359 Miramar Pkwy - Suite 227 - Miramar, Florida 33027 - Phone (954) 430-9325 - Fax (954) 704-2215

Email: fonra@bellsouth.net

To:

Florida Department of State

At: Customer Service

July 17, 2005

As per our conversation over the phone I'm writing this letter to formally inform you that I never receive your reply where you inform me that the Federal Employer Number was missing on the filling that I did several month ago.

As you requested I am sending you a new filling report with the Federal Employer Number therefore I would like to ask you very kindly to waive any penalties.

If you have any questions regarding this letter please do not hesitate to contact me.

Sincerely,

Rene A. Fonseca

President