

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 AUG 10 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08022007 Chg-P CR2E034 (12/06)

4. FEI Number **54-2155367** Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

ENRIQUEZ, FLAVIO  
1093 SE 8TH AVE  
ARCADIA, FL 34266

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	DPVS	<input type="checkbox"/> Delete
NAME	ENRIQUEZ, FLAVIO	
STREET ADDRESS	1093 SE 8TH AVE	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ENRIQUEZ, FLAVIO	
STREET ADDRESS	1093 SE 8TH AVE	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Enriquez Flavio	
STREET ADDRESS	1093 SE. 8th Ave.	
CITY-ST-ZIP	Arcadia FL. 34266	
TITLE	PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Enriquez Carolina	
STREET ADDRESS	1093 SE. 8th Ave.	
CITY-ST-ZIP	Arcadia FL. 34266	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Enriquez Gabriel	
STREET ADDRESS	3395 SW Live Oak Ave.	
CITY-ST-ZIP	Arcadia FL. 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Flavio Enriquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/06/2007 (863) 444-0121

Date

Daytime Phone #