



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90080 008 ***150.00

DOCUMENT # P04000119381 1. Entity Name BORN ENTERPRISES, INC.					
Principal Place of Business 467 S.E. FALLON DRIVE PORT ST. LUCIE, FL 34983 US			Mailing Address 467 S.E. FALLON DRIVE PORT ST. LUCIE, FL 34983 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 02222006 Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 4. FEI Number 56-2476687 <div style="border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="margin-top: 10px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent CLAPS, LOUIS J CPA 10100 WEST SAMPLE ROAD SUITE 327 CORAL SPRINGS, FL 33065				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORN, CHRISTOPHER 467 S.E. FALLON DRIVE PORT ST. LUCIE, FL 34983	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 <i>Christopher Born</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <i>3-9-06</i> <i>772-240-1297</i> </div> <small>Date Daytime Phone #</small>			