2008 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Mar 24, 2008 08:00 A te

1. Entity Nam	MÉNT # P04000135 ENTERPRISES, INC.		Secretary of Sta			
Principal Plac 4865 NW 37 MIAMI, FL 3	TH AVENUE	Mailing Address 6854 W. FLAGLER ST MIAMI, FL 33144				
, , _ .						
Г	ONOT WRITE	IN THIS SPA	(CF	03102008	No Chg-P	CR2E034 (11/05)
				4. FEI Numb 20-167		Applied For Not Applicable
				5. Certificate	of Status Desired	S8.75 Additional Fee Required
1 '.	6. Name and Address of Current	Registered Agent	*		· · · · · · · · · · · · · · · · · · ·	
GARCIA, JULIO 6854 W. FLAGLER ST. MIAMI, FL 33144					NOT WE	
	•					
	e named entity submits this statement follows of registered agent.	r the purpose of changing its regist	ered office or registe	red agent, or bo	th, in the State of Florid	da. I am familiar with, and accept
SIGNATURE.	Signature, lyped or printed name of registered agent	and rate it applicable (NOTE Regist	ered Agent signature require	d when reinstaling)	Honone	C7550
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaign Fir Trust Fund Contributio		.00 May Be	04/08/08-8	
10.	OFFICERS AND	DIRECTORS		2 n 1		
NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, JULIO 4865 NW 37TH AVENUE MIAMI, FL 33147					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Q.	DO	NOT WI	RITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN	THIS SP	ACE
TITLE NAME STREET ADDRESS						

12. Thereby certify that the information supplied with this filling 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.

CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR