

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90405 035 \*\*\*150.00

**DOCUMENT # P05000010558**

1. Entity Name  
**SPACE ENTERPRISES, CORP**



Principal Place of Business  
**351 NORTH CONGRESS  
181  
BOYNTON BEACH, FL 33436**

Mailing Address  
**351 NORTH CONGRESS  
181  
BOYNTON BEACH, FL 33436**

**50012490**



2. Principal Place of Business  
**479 NE 30 St**

3. Mailing Address  
**479 NE 30 St**

Suite, Apt. #, etc.  
**#706**

04132006 Chg-P CR2E034 (11/05)

City & State  
**Miami FL**

Zip  
**33137**

Country  
**USA**

4. FEI Number  
**20-2196414**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CABRERA, CARLOS M  
869 COTTON BAY DRIVE WEST  
305  
WEST PALM BEACH, FL 33406**

7. Name and Address of New Registered Agent

Name  
**Juan Caceres**

Street Address (P.O. Box Number is Not Acceptable)  
**479 NE 30 St #706**

City  
**Miami**

State  
**FL**

Zip Code  
**33137**

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]*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/13/06**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CABRERA, CARLOS M 869 COTTON BAY DR WEST, APT 305 WEST PALM BEACH, FL 33406</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T CACERES, JUAN 351 NORTH CONGRESS, # 181 BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S OLIVA, SUSANA 351 NORTH CONGRESS # 181 BOYNTON BEACH, FL 33436</b>	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P Juan Caceres 479 NE 30 St #706 Miami FL 33137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S Susana Oliva 479 NE 30 St #706 Miami FL 33137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/06 (305) 733-7679**  
Date Daytime Phone #