

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90191 001 ***300.00

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DOCUMENT # P05000061200 1. Entity Name ENE-ENE INVESTMENT, CORP.					
Principal Place of Business 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175			Mailing Address 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175		
2. Principal Place of Business 1200 Brickell Ave Suite, Apt. #, etc. Suite 860		3. Mailing Address 1200 Brickell Ave. Suite, Apt. #, etc. Suite 860		01042006 Chg-P CR2E034 (11/05)	
City & State miami, FL		City & State miami, FL		4. FEI Number 20-2946120	
Zip 33131		Country 33131		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, PETER M ESQ 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175				7. Name and Address of New Registered Agent Name Peter m. Lopez, PA. Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Ave Ste 860 City miami FL Zip Code 33131	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	D <input type="checkbox"/> Delete NAFFAH, AMAD 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Naffah, Amad <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 Brickell Ave., Ste 860 miami, FL 33131		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Director 2/24/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					