


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90015 020 \*\*\*158.75

<b>DOCUMENT # P05000148142</b>	
1. Entity Name <b>ENBRICK CORPORATION</b>	

Principal Place of Business <b>4060 NORTH HILLS DRIVE SUITE 28 HOLLYWOOD, FL 33021 US</b>	Mailing Address <b>4060 NORTH HILLS DRIVE SUITE 28 HOLLYWOOD, FL 33021 US</b>
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2. Principal Place of Business <b>4141 NORTH 41<sup>ST</sup> STREET</b>	3. Mailing Address <b>4141 NORTH 41<sup>ST</sup> STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Hollywood, FL.</b>	City & State <b>HOLLYWOOD</b>
Zip <b>33021</b>	Zip <b>33021</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>DE FREITAS, MIRIAN REGINA 4060 NORTH HILLS DRIVE SUITE 28 HOLLYWOOD, FL 33021</b>	
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08142006 Chg-P CR2E034 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

7. Name and Address of New Registered Agent	
Name <b>N/A</b>	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b>	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
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DE FREITAS, MIRIAN REGINA 4060 NORTH HILLS DRIVE SUITE 28 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES &amp; CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DE FREITAS, MIRIAN REGINA 4060 NORTH HILLS DR. #28 HOLLYWOOD, FL. 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ZAPATA, GUILLERMO <input checked="" type="checkbox"/> Delete 580 S.W. INDIAN KEY DRIVE PORT SAINT LUCIE, FL 34986	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EX. VICE PRES.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dr. Fields, ALLAN 4141 N. 41 <sup>ST</sup> STREET HOLLYWOOD, FL. 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ZAPATA, JOSE GUILLERMO <input checked="" type="checkbox"/> Delete 580 S.W. INDIAN KEY DRIVE PORT SAINT LUCIE, FL 34986	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fields, JONATHAN 4141 N. 41 <sup>ST</sup> STREET HOLLYWOOD, FL. 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. ZAPATA, CRISTINA <input checked="" type="checkbox"/> Delete 580 S.W. INDIAN KEY DRIVE HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <b>M. R. De Freitas</b>	Date: <b>August 1, 06</b>	Daytime Phone #: <b>270-8436</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		