2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 28, 2007 8:00 am Secretary of State

DOCLU				a secretary or state	
1. Entity Name	MENT # P0600003892  FE ENTERPRISES, INC.	7		02-12-2007 90107 038 ***150.00	
Driveriant Otan		Mailing Address		1	
Principal Place		10411 SW 54TH ST			
10411 SW 5	TY FL 33328	COOPER CITY FL 33328			
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2. Principal Pi	lace of Business - No P.O. Box • SW SY Street	3. Mailing Address	y Street		
Suite, Apt.	city Florida	Suite. Apt. 4. otc.	dy	1st MOORE	
City & State	· / '	City & State	, 0	4. FEI Number Applied For	e
		Floria	ca	14-1954328   Not Applica	able
Zip 33	328 Country USA	<sup>Zip</sup> 33328 <sup>co</sup>	untry USA	5. Certificate of Status Desired S8.75 Addational Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
			Name	_	
	CALLA, WINSTON		Street Andress /	(P.O. Box Number is Not Acceptable)	
	11 SW 54TH ST OPER CITY FL 33328		3000(71000033)	(	
000	O/ EN OIT   1 55525				
			City	FL Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its regist	ered office or registor	red agent, or both, in the State of Florida. I am familiar with, and acco	epi
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SIGNATURE .	Signature, typed or drivited name of registered agent as	nutive rappicable (NOTE Regist	ered Agent signature required	u wren reinstairing) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			<del></del>	9. Election Campaign Financing \$5.00 May Trust Fund Contribution.  Added to Fee	
	t Payable to Fronda Department of				
10.	OFFICERS AND C	DIRECTORS 1	1.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	5
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12. I nereby certify that the information supplied with this iting does not qualify for the exemptions contained in section 1.19, Florida Statutes. If further certify that the information indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the occinery 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: Winston H'CAlla WINSTON HCALLA PRESIDENT 994 6803818