

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 18, 2007  
Secretary of State**

DOCUMENT# P06000061843

Entity Name: ENACORE INTERNATIONAL, CORP.

**Current Principal Place of Business:**

5854 NW 113 PLACE  
DORAL, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

5854 NW 113 PLACE  
DORAL, FL 33178 US

**New Mailing Address:**

FEI Number: 20-4809446      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAZA, JUAN M  
5854 NW 113 PL  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

MAZA, JUAN M JR  
5854 NW 113 PL  
DORAL, FL 33178 US

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.

SIGNATURE: JUAN M MAZA JR.      04/18/2007  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAZA, JUAN M SR  
Address: 5854 NW 113 PLACE  
City-St-Zip: DORAL, FL 33178 US

Title: VPD ( ) Delete  
Name: MAZA, MARTA G  
Address: 5854 NW 113 PLACE  
City-St-Zip: DORAL, FL 33178 US

Title: TD ( ) Delete  
Name: MAZA, XIMENA  
Address: 5854 NW 113 PLACE  
City-St-Zip: DORAL, FL 33178 US

Title: SD ( ) Delete  
Name: MAZA, JUAN M JR  
Address: 5858 NW 113 PLACE  
City-St-Zip: DORAL, FL 33178 US

Title: D ( ) Delete  
Name: MAZA, ANDRES  
Address: 5854 NW 113 PLACE  
City-St-Zip: DORAL, FL 33178

Title: SD ( ) Delete  
Name: MAHARAJ, VANI MRS.  
Address: 5858 NW 113 PL  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN M MAZA JR.      SD      04/18/2007  
Electronic Signature of Signing Officer or Director      Date