

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 20, 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 JR
5854 NW 113 PL
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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:

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: D (X) Change () Addition
Name: MAHARAJ, VANI MRS.
Address: 5858 NW 113 PL
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify 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 MARIO MAZA JR

SD

06/20/2007

Electronic Signature of Signing Officer or Director

Date