2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000118583 1. Entity Name RENDEZVOUZ ENTERPRISES CORP.							07 H	FILED AY 22 PM 12	: 5 0	
Principal Place of Business 3450 PALENCIA DR #802 TAMPA, FL 33618			Mailing Address PO BOX 272698 TAMPA FL 33688-2698					ETARY OF STA HASSEE, FLOI	-	
Principal Place of Business - No P.O. Box # 3. Mailing Address 3 4 50 Palence					Dr # 80					
Suite, Apt. #, etc.			Suite, Apt. #, etc. 802		05212007	Chg-P	CR2E034 (12/			
City & State			City & State TAM	FI	4. FEI Num	ber	1	Applied For Not Applicable		
Zip	Country		Zip 33618 Count		try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent				
CORREA, 3450 PALI APT 802	ENCIA DR				Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33618					City			FL 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 Que de Corre										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE										
FILE NOW!!! FEE 18 \$150.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										
10. OFFICERS AND DIRECTORS 11.						ADDITIONS	S/CHANGES TO O	FFICERS AND DIREC	TORS IN 11	
TITLE NAME	PSD Detete III				1	7001037297 0999 				
STREET ADORESS CITY-ST-ZIP	3450 PALENCIA DR, APT 802				ET ADDRESS ST-ZIP	Ub/U.	1/07U1U5/	drUUb **↓:	50,00 ,	
TITLE	VPD	Delete	TITLE		VPD	- 1	☐ Cha	nge Addition		
NAME STREET ADDRESS CITY-ST-ZIP		ENCIA DR, APT 802	, ,		ET ADDRESS 3	oseph A	t. Steven	5 : 802	,	
TITLE	VPTD Celete TITL					TAMPA I	33618	☐ Cha	nge	
NAME STREET ADDRESS	ZAMBRAI									
CITY-ST-ZIP					ST-ZIP					
TITLE			☐ Delete	TITLE				Cha	nge 🔲 Addition	
NAME Street address City-St-Zip				1	ET ADDRESS ST-ZIP					
TITLE			☐ Delete	TITLE		· · · · · ·	 	☐ Cha	nge Addition	
NAME STREET ADDRESS				NAME	T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE NAME			☐ Delete	TITLE				☐ Cha	nge Addition	
STREET ADDRESS				NAME STREE	T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
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 suppliernental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 SIGNATURE AND TYPED OR PRINTED NAME OF SKNING OFFICER OR DIRECTOR Date Dayline Phone #										