


2007 **FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

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

02-28-2007 90006 039 \*\*\*150.00

<b>DOCUMENT #</b> P06000122759	
<b>1. Entity Name</b> Senzual69, Inc.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 7881 Manor Forest Lane Suite, Apt. #, etc.	<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.
<b>City &amp; State</b> Boynton Beach, FL	<b>City &amp; State</b>
<b>Zip</b> 33436	<b>Country</b> P.R. Bch. Co.

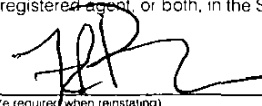
40025686

CR2E034B (8/05)

<b>4. FEI Number</b> 42-1715182	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> Henry Dean, P.A.	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> Del-Ida Professional District 251 N.E. Dixie Blvd.	
	<b>City</b> Delray Beach, FL	<b>Zip Code</b> 33444

**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.**

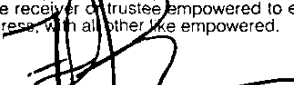
**SIGNATURE**  **DATE** 2-21-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended AR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> Frances Ramos 7881 Manor Forest Lane Boynton Beach, FL 33436	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **DATE** 2-21-07 **Daytime Phone #** 561-578-9212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR