

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90067 012 ***150.00

DOCUMENT # P07000124806	
1. Entity Name ENPAS BUSINESS SERVICES, INC.	



Principal Place of Business 9894 NORTHWEST 82ND AVENUE UNIT 403 HIALEAH GARDENS, FL 33016	Mailing Address 9894 NORTHWEST 82ND AVENUE UNIT 403 HIALEAH GARDENS, FL 33016
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2. Principal Place of Business - No P.O. Box # 1840 W 49 Street	3. Mailing Address 1840 W 49 Street
Suite, Apt. #, etc. 738	Suite, Apt. #, etc. 738

City & State Hialeah, FL	City & State Hialeah, FL
Zip 33012	Country USA

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent Name: PEREZ- REAL, ERNESTO Street Address (P.O. Box Number is Not Acceptable): 1840 W 49 Street Suite 738 City: Hialeah FL Zip Code: 33012	
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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: <u>Ernesto Perez-Real</u> DATE: <u>4/17/08</u>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ-REAL, ERNESTO 9894 NORTHWEST 82ND AVENUE HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Perez-Real, Ernesto 1840 W 49 Street Suite 738 Hialeah, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SIERRA-BEIRO, NURIA 9894 NORTHWEST 82ND AVENUE HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD Sierra-Beiro, Nuria 1840 W 49 Street Suite 738 Hialeah, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Ernesto Perez-Real President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>4/17/08</u> DAYTIME PHONE: <u>(305) 343-1466</u>