## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P92000010949

1. Entity Name **ENB SUB CORPORATION** 



Principal Place of Business

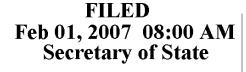
8200 N.W. 33RD STREET

SUITE 400 MIAMI, FL 33122 US Mailing Address

8200 N.W. 33RD STREET

SUITE 400

MIAMI, FL 33122 US



Fee Required



DO NOT WRITE IN THIS SPACE

01232007 No Chg-P		CR2E034 (11/05)		
		-	Applied For	
65-0391			Not Applicable	
E Cartificate	f Status Desired		\$8.75 Additional	

6. Name and Address of Current Registered Agent

CHERTA, DANIEL C/O EAGLE NATIONAL BANK 8200 N.W. 33RD STREET MIAMI, FL 33122

SIGNATURE:

SIGNATURE AND TYPED OR F

## DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

	named entity submits this statement for the prions of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC BROOKES, ROBERT L 8200 N.W. 33RD STREET MIAMI, FL 33122		l		U00000615703 02/06/07-80081-020 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CABRERA-TEKSE, ADA 8200 N.W. 33RD STREET MIAMI, FL 33122						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP					-		
TITLE NAME STREET ADDRESS CITY- ST-ZIP							
12. I hereby certify that the information supplied with this filling 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.							

MTED NAME OF SIGNING OFFICER OR DIRECTOR