


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P92000010949


1. Entry 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**

DO NOT WRITE IN THIS SPACE



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0391689	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000911609
 05/07/08-80047-016 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC BROOKES, ROBERT L 8200 N.W. 33RD STREET MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CABRERA-TEKSE, ADA 8200 N.W. 33RD STREET MIAMI, FL 33122
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TITLE 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 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: Robert Brookes, President **4/15/08** **305-418-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #