

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000077160

1. Entity Name  
EAGLE EYE ENTERPRISES INC.



Principal Place of Business  
1124 AVENUE C  
RIVIERA BEACH, FL 33404 US

Mailing Address  
1606 AVE C UNIT #5  
RIVIERA BEACH, FL 33404 US



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0638595

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MANROSA, CARLOS  
1606 AVE C UNIT #5  
RIVIERA BEACH, FL 33404

**DO NOT WRITE  
IN THIS SPACE**

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

*Dina Russell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retaking)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MANRESA, CARLOS
STREET ADDRESS	1606 AVE C UNIT 5
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	VP
NAME	MANRESA, JAMISON
STREET ADDRESS	11869 BIRCH SR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	S
NAME	RUSSELL, DINA
STREET ADDRESS	216 2ND COURT
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	T
NAME	MANROSA, FRANCES
STREET ADDRESS	1606 AVE C UNIT 5
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80085-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dina Russell*

Date

Day/line Phone #

1/5/05 561  
340-9135