2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P94000079841 1. Entity Name CONQUISTADOR ENTERPRISES, INC. Principal Piace of Business 2949 SR 434 WEST SUITE 300 LONGWOOD, FL 32779 DO NOT WRITE IN THIS SPACE

FILED Jan 31, 2007 08:00 A Secretary of State



01052007	No Chg-P	CR2	E034 (11/	(05)
4. FEI Number			Applied For	
59-3276			Not Applicable	
5. Certificate of Status Desired			\$8.75	Additional

6. Name and Address of Current Registered Agent

DONOVAN, GEORGE P 2949 SW 434 WEST SUITE 300 LONGWOOD, FL 32779

SIGNATURE:

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE										
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finantity Trust Fund Contribution.				\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·					
FITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONOVAN, GEORGE 2949 SR 434 WEST, SUITE 300 LONGWOOD, FL 32779				U00000614369 02/06/07-80025-002 300.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
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-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP		***************************************								
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.										

D NAME OF SIGNING OFFICER OR DIRECTOR