

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90052 008 \*\*\*158.75

**DOCUMENT # P94000082633**  
 1. Entity Name  
**ENPA V, INC.**



Principal Place of Business  
 14317 SW 45 TERR  
 NONE  
 MIAMI FL 33175  
 US

Mailing Address  
 14317 SW 45 TERR  
 STE 303  
 MIAMI FL 33175  
 US

**50016692**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
 10401 SW 108 AVE  
 Suite, Apt. #, etc.  
 SUITE 237  
 City & State  
 MIAMI FLA  
 Zip  
 33176  
 Country  
 MIAMI DADC

3. Mailing Address  
 SAME  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

4. FEI Number **65-0538254** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**VELAZQUEZ, RAUL E**  
 14317 SW 45 TERR  
 MIAMI FL 33175

7. Name and Address of New Registered Agent  
 Name  
 10401 SW 108 AVE Suite 237  
 Street Address (P.O. Box Number is Not Acceptable)  
**ENPA V**  
 City  
 MIAMI FLA FL Zip Code  
 33176

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] DATE: [Blank]  
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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, RAUL E	
STREET ADDRESS	14317 SW 45 TERR.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEREZ, SOFIA	
STREET ADDRESS	14317 SW 45 TERR.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNESTO E. VELAZQUEZ	
STREET ADDRESS	10401 SW 108 AVE SUITE 237 MIAMI 33176	
CITY-ST-ZIP	PRESIDENT	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANIA M. VELAZQUEZ	
STREET ADDRESS	10401 SW 108 AVE SUITE 237	
CITY-ST-ZIP	MIAMI FLA 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] DATE: 02/08/05 (886)-486-6900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #