## "AMENDMENT RETURN"

## **FOR PROFIT CORPORATION**

U	NIFORM BUSINE	SS-REPORT	'(UBR)	•	
DOCUMENT # P95000039947  1. Entity Name  E.N.N.E. CORP.				FILED	
				04 OCT 19 P	H 12: 45
				SECRETARY O	FSTATE
				TALLAHASSEE,	, FLORIDA
	DO NOT WRITE	IN THIS SI	PACE		
2. Principal Pl 13800	lace of Business  W DIXIE HWY.	3. Mailing Address 13800 W DIX	YTE HWV		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State	GI ODIDA	4. FEI Number	Applied For
MIAM Zip	Country	MIAMI. I	Country		Not Applicable  3.75 Additional
331	61	33161	 	7. Name and Address of Current Registered A	e Required gent
1 2 Sept 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Name	TIENNE; ERNST	
	DO NOT W	RITE	Street Address	s (P.O. Box Number is Not Acceptable)	
	IN THIS SP	ACE		OOO W DIXIII MWI.	
			City	AMT FL	Zip Code 33161
		the purpose of changing its		tered agent, or both, in the State of Florida. I am fam	
the obligati	ions of registered agent.	Luera	<u>e</u>	10 10	2004
SIGNATURE.	Signature, typed or printed name of registered agent a		E: Registered Agent signature requi	irod when reinstating) DATE	-2004
	nuary 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND		\$130,00 \$640.65	Company of the Compan	
TITLE NAME	PRESIDENT ETIENNE, ERNST		TITLE NAME	2000419729	
STREET ADDRESS	13800 W DIXIE HV		STREET ADDRESS	10/19/0401017004	**61.25
CITY-ST-ZIP TITLE	MIAMI. FLORIDA.	33161	CITY-ST-ZIP		
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
TITLE	v		FIFES AS E		Sistema Maria Con 188
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			GITY-ST-ZIP,	DO NOT WRIT	
TITLE NAME			NAME	IN THIS SPAC	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
TITLE			TILE		
NAME STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS	A COM	
TITLE	70000117		THLE NAME		
NAME STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other likes—period.

NET COMPANY ETIENNE, ERNST

10-12-2004

Daytime Phone #