

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90458 022 ***150.00

DOCUMENT # P96000088525

1. Entity Name

ENIGMA ALTERATIONS, INC.



Principal Place of Business

816 N. FEDERAL HWY. STE. B
DEERFIELD BEACH FL 33441

Mailing Address

839 SE 8TH AVE
DEERFIELD BEACH FL 33441

2. Principal Place of Business

817 - SOUTH FEDERAL
Suite, Apt. #, etc.

3. Mailing Address

817 - SOUTH FEDERAL HWY.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

DEERFIELD BEACH-FL

City & State

DEERFIELD BEACH-FL

4. FEI Number

65-0702524

Applied For

Not Applicable

Zip

33441

Country

USA

Zip

33441

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPOS, ORLY
3500 SW NATURES BLVD.
APT. 209
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

ORLY C. FRISSELLA

(NOTE: Registered Agent signature required when reinstating)

April 20, 2004
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME CAMPOS, ORLY
STREET ADDRESS 3500 SW NATURA BLVD. APT. 209
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☐ Addition
NAME FRISSELLA, ORLY C.
STREET ADDRESS 3500 SW. NATURA BLVD. APT 209
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE V.P. ☐ Change ☒ Addition
NAME FRISSELLA, GESUALDO
STREET ADDRESS 3500 S.W. NATURA BLVD. APT. 209
CITY-ST-ZIP DEERFIELD BEACH - FL-33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X Campos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORLY C. FRISSELLA

APRIL 20, 2004

Date

954-6985198

Daytime Phone #