2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000098561

1. Entity Name

ENVÍROCON ENTERPRISES INC.



FILED Apr 27, 2004 08:00 AM Secretary of State

Principal Place of Business

361 NORTHWEST 97TH AVENUE

SUITE 12

PLANTATION, FL 33324

Mailing Address

361 NORTHWEST 97TH AVENUE

SUITE 12

PLANTATION, FL 33324



04232004

No Chg-P

CR2E034 (10/03)

FEI Number
 65-0712736

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEELMAN, HOWARD 361 NORTHWEST 97TH AVENUE SUITE 12 PLANTATION FL 33324

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PERMITTION, LE 33324						
	named entity submits this statement for the plans of registered agent.	ourpose of changing Its registere	ed office or r	egistered agent, or b	oth, in the State of Florida. I am familia	r with, and acce
SIGNATURE_	Signature, typed or printed name of registered egent and title	f applicable (NOTE Registered	i Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00				000000133969 04/27/04-80109-018	158.75	
10.	OFFICERS AND DIREC	CTÓRS	I		'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEELMAN, HOWARD 361 NORTHWEST 97TH AVENUE SU PLANTATION, FL 33324	IITE 12				
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ND STEELMAN PRESID

Daytime Phone #