## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # P97000021516** 04-28-2006 90210 017 \*\*\*158.75 1. Entity Name ENTÉRPRISE AUTO SALES, INC. Principal Place of Business Mailing Address 60031010 PO BOX 972417 4985 E 10TH LANE HIALEAH, FL 33013 MIAMY, FL 33197-US 3. Mailing Address 2. Principal Place of Business 4985 East 4985 East Suite, Apt. #, etc. 04262006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For Tralea 4 Hialeal 65-0749804 Not Applicable Country Zip 330/3 Country Zip \$8.75 Additional 5. Certificate of Status Desired 013 3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAZQUEZ, JORGE A Street Address (P.O. Box Number is Not Acceptable) 9908 SW 218TH TERR. MIAMI, FL 33190 Zip Code 330/3 Hialeah 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. o Gonza SIGNATURE. Signature, typed or printed na 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. President/Diector/Treasurer Rodolfo Gonzalez, JR. DP TITLE Change TITLE Delete Delete VAZQUEZ, JORGE A NAME NAME 5175 East 8th Lane Hialeah FL 33013 9908 SW 218TH TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33190 CITY-ST-ZIP Director/vice-President/Secretory & Change Tania Trujillo 5175 East 8th Land DST **⊠** Delete TITLE ☐ Addition TITLE ALFONSO, GLADYS E NAME NAME STREET ADDRESS 9908 SW 218TH TERR. STREET ADDRESS MIAMI, FL 33190 CITY-ST-ZIP CITY-ST-ZIP Haleah PL 33013 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

**FILED**