## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								
DOCUMENT # P97000053900					FILED			
1. Entity Nan	ne ERPRISES, INC.		06 SEP 18 AH 11: 28					
*				(	6 SEP 18 H	- x 5 T l C		
			100	A TES	LLAHASSEE	OF STATE		
Principal Place 6995 NW 82	ce of Business	Mailing Address 740 E 16TH PLACE			TLAHASSEE	, FLO.		
BAY #41		HIALEAH, FL 33010		·				
MEDLEY, FL 33166				116811	FØL HAN INNS ANDRE NORTH NORTH A	TIII COITI CIIDA IIIIO IAMA CRIII AAI	1 <b>ee</b>   11   12   12   12   12   12   12   1	
Principal Place of Business     3. Mailing Address								
(921 Suite, Apt.	<u>へい、ファーAV</u> #.etc.	Suite, Apt. #, etc.	77. 1	41/				
				091220	06 Chg-P	CR2E034 (11/05)	_	
City & Stat	·	City & State	-1	4. FEI No.	mber 887702	<del>                                      </del>	plied For t Applicable	
Zip Country Zip (					cate of Status Desired	□ \$8.75 Add	itional	
6. Name and Address of Current Registered Agent						Fee Required	1	
Name (CPT   AND THE ALL								
MARTINEZ, JOSLYN 740 E 16TH PLACE Sifeet Address (F					imber is Not Acceptab	M v-1 · 4 > C	>	
HIALEAH, FL 33010					<u> </u>	JI IIVE		
City City City City City City City City								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept								
the obligat	tions of registered agent.	1	//			~ .	_	
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE:	Registered Agent signa	lure required when reinstating	)	<u>04/13</u>	<u>/D</u> 6.	
FILE NOW!!! FEE IS \$150.00  Due by September 15, 2006  9. Election Campaign Financing								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIO	NS/CHANGES TO OF	FICERS AND DIRECTORS	SIN 11	
NAME	P MARTINEZ, JOSLYN	☐ Delete	TITLE NAME	MOTHIL	162.10.	マトルへ)。	☐ Addition	
STREET ADORESS	740 E. 16TH PLACE		STREET ADDRESS		16 5. JO.			
CITY-ST-ZIP	HIALEAH, FL 33010		CITY-ST-ZIP	MIOWI	. F1. 33	3166		
TITLE NAME	ARIAS, RICARI	☐ Delete	TITLE NAME			Change	☐ Addition .	
STREET ADDRESS	255 S.W. 82ND AVE.		STREET ADDRESS	DELE	īE.			
CITY-ST-ZIP	MIAMI, FL 33144	☐ Delete	CITY-ST-ZIP		***************************************	☐ Change	Addition	
NAME		Delete	NAME	9	900079	998099 0007 **150		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	09/	20/060104	0007 **150	.00	
TITLE		☐ Deiete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	9	500079	998115		
CITY-ST-ZIP			CITY-ST-ZIP	097	20/060104	998115 0008 **8.7	5	
TITLE		☐ Delete	TITLE			Change	Addition	
name Street address			name Street adoress				1	
CITY-ST-ZIP			CITY-ST-ZIP		<u></u>			
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
City-St-ZiP	certify that the information supplied with	this filing does not qualify for	the exemptions of	contained in Chanter	119 Florida Statutee	I further certify that the in	formation	
12. I hereby certify that the information supplied with this filling does not quality 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 only, 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: V Joseph untrale NAME OF SIGNING OFFICER OF DRECTION  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DRECTION  Date Drawing Phone 4								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTION Date Daylime Phone #								
						N 9/	19	