2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 11, 2005 08:00 AM Secretary of State

	AMMORE	ILLI OILI			_		 ,	
1. Entity Nam	MENT # P970000683 TERPRISES, INC.	377				S	ecreta	ry of State
1057 HALLENDALE BEACH BLVD 105			ailing Address 057 HALLENDALE BEACH BLVD ALLENDALE, FL 33009		 			1 (2011 1000) 1000007 11 (091
	-							
	O NOT WRITE	IN THIS	SPA	CE	01132005 4. FEI Numbe 65-077 5. Certificate			Applied For Not Applicable 8.75 Additional Required
1057 HALI	6. Name and Address of Current R MOHAMMED A LENDALE BEACH BLVD ALE, FL 33009	ogistered Agent	-			NOT W		
	named entity submits this statement for tions of registered agent.	the purpose of changi	ing its register	ed office or register	ed agent, or bot	h, in the State of Fl	orida. I am far	miliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent an	d fille if applicable.	(NÔTE, Registere	d Agent signature required	when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	1	ampaign Fina I Contribution.		.00 May Be ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D DPS RAHMAN, MOHAMMED A 2401-4 E ARAGON BLVD SUNRISE, FL 33313	IRECTORS			**************************************			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HOSSAIN, MOHAMMED A 1057 HALLENDALE BEACH BLVI HALLENDALE, FL 33009)				U0000 03/12/05	0259913 -80002-1	024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN T	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY ST. 718								

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/2005

Date

954 454 2070 Daytimo Phone #