


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000077640

1. Entity Name
 2001 ENTERPRISES, CORP.



Principal Place of Business: 100 LINCOLN RD., STE 721 MIAMI BEACH, FL 33139

Mailing Address: 283 CATALONIA AVENUE 2ND FLOOR CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0807411 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
 283 CATALONIA AVE 2ND FLR
 CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OPT
NAME	CAROZZI, RICARDO
STREET ADDRESS	100 LINCOLN RD., STE 721
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	DVS
NAME	CAROZZI, DANIELA
STREET ADDRESS	100 LINCOLN RD., STE 721
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 09/14/04-80001-019 550.00

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: h. CAROZZI 8.31.04

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #