2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000077640

1. Entity Name 2001 ENTERPRISES, CORP.



FILED Apr 02, 2007 08:00 AM Secretary of State

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

03282007 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
FiL After M	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CAROZZI, RICARDO 100 LINCOLN RD., STE 721 MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CAROZZI, DANIELA 100 LINCOLN RD., STE 721 MIAMI BEACH, FL 33139				000000684842 04/06/07-80048-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPES OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

03.20.2007

Daytime Phone #