

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90847 048 ***158.75

DOCUMENT # P97000095378					
1. Entity Name JUAN ARDILES ENTERPRISES, INC.					
Principal Place of Business 5051 S. STATE ROAD 7 SUITE 516 DAVIE, FL 33314			Mailing Address 5051 S. STATE ROAD 7 SUITE 516. DAVIE, FL 33314		
2. Principal Place of Business - No P.O. Box # 756 NW 170th TERRACE		3. Mailing Address 756 NW 170th TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PEMBROKE PINES		City & State PEMBROKE PINES		4. FEI Number 65-0791621	
Zip 33028		Country BROWARD		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33028		Country BROWARD		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARDILES, JUAN P 6041 SUPERIOR BLVD FORT LAUDERDALE, FL 33331			7. Name and Address of New Registered Agent Name ARDILES, JUAN P Street Address (P.O. Box Number is Not Acceptable) 756 NW 170TH TERRACE City PEMBROKE PINES FL Zip Code 33028		
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 			DATE 04/27/2007		
SIGNATURE			DATE		
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>			<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARDILES, MARIA A 3090 SALINAS BAY HOLLYWOOD, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ARDILES, MARIA A. 756 NW 170th TERRACE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ARDILES, JUAN P 6041 SUPERIOR BLVD FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			JUAN ARDILES, 04/27/2007 954-558-3205		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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04272007 Chg-P CR2E034 (12/06)