2005 FOR PROFIT CORPORATION ANNUAL REPORT

3

FILED
Apr 05, 2005 8:00 am
Secretary of State

03-07-2005 90262 019 ***150.00

66008686

02082005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000039694

1. Entity Name
N. & P. ENTERPRISE, INC.

Principal Place of Business
3904 N ARMENIA AVE
TAMPA, FL 33607

Mailing Address
3904 N ARMENIA AVE
TAMPA, FL 33607

2. Principal Place of Business
3904 N ARMENIA
Suite, Apt. #, etc.

3. Mailing Address
3904 N ARMENIA
Suite, Apt. #, etc.

City & State: TAMPA FL
Zip: 33607
Country:

City & State: TAMPA FL
Zip: 33607
Country:

4. FEI Number: 59-3515563 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BARRIONUEVO, NIDIA
1511 W KIRBY ST
TAMPA, FL 33604

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) N/A
City FL Zip Code

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: Nidia Barrionuevo — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3/1/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BARRIONUEVO, NIDIA	
STREET ADDRESS	1511 W KIRBY ST	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	D	☐ Delete
NAME	BARRIONUEVO, PEDRO G	
STREET ADDRESS	1511 W KIRBY ST	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Nidia Barrionuevo — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/30/05 — Daytime Phone #: (813) 390-50.74