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Apr 05, 2005 8:00 am
Secretary of State
03-07-2005 90262 019 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000039694

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

66008686

02082005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
3904 N ARMENIA AVE TAMPA, FL 33607	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	City & State: Tampa Fl.
Zip: 33607 Country	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	7. Name and Address of New Registered Agent
BARRIONUEVO, NIDIA 1511 W KIRBY ST TAMPA, FL 33604	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 DATE: 3/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRIONUEVO, NIDIA 1511 W KIRBY ST TAMPA, FL 33604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRIONUEVO, PEDRO G 1511 W KIRBY ST TAMPA, FL 33604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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