


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000057284</b> 1. Entity Name ENRIQUE MORTGAGE INC.	
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Principal Place of Business 16375 NE 18TH AVE 201 N. MIAMI BEACH, FL 33162	Mailing Address 16375 NE 18TH AVE 201 N. MIAMI BEACH, FL 33162
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**DO NOT WRITE IN THIS SPACE**



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0846615	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

SHAHER, LEWIS R ESQ  
3299 N.W. BOCA RATON BLVD.,  
SUITE 200  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLTANIK, ENRIQUE 16375 N.E. 18TH AVE., STE. 309 N. MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SOLTANIK, VALERIA 3400 NE 192 ND STREET # 1708 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SOLTANIK, FERNANDO 3400 NE 192 ND STREET # 1708 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN00000327722  
04/25/05-80050-004 150.00

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IN THIS SPACE**

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:** \_\_\_\_\_ DATE: 4/21/05 DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR