

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000083538

1. Entity Name
ENTER CORP.



Principal Place of Business

**5707 SW 8TH ST
MIAMI, FL 33144**

Mailing Address

**5707 SW 8TH ST
MIAMI, FL 33144**



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0872777

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZAYAS, ALFREDO V
555 CRANDON BLVD., STE. 31
KEY BISCAYNE, FL 33149**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DE PALACIO, ANA V. JALLER**
STREET ADDRESS **555 CRANDON BLVD #31**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **VP**
NAME **PALACIO, MAX**
STREET ADDRESS **555 CRANDON BLVD - #31**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **S**
NAME **JALLER, JUAN J**
STREET ADDRESS **555 CRANDON BLVD., 31**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **T**
NAME **JALLER, RODOLFO**
STREET ADDRESS **555 CRANDON BLVD #32**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **VP**
NAME **JALLER, MIGUEL A**
STREET ADDRESS **555 CRANDON BLVD., 31**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **VP**
NAME **CUARTAS, MARTA J**
STREET ADDRESS **555 CRANDON BLVD #31**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

**U000000025058
02/02/04-80090-014 158.75**

**DO NOT WRITE
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)(f), 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:

Miguel A Jaller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28/04 (305) 260-9127
Date Daytime Phone #