## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000092425

9900 55 WAY NO

PINELLAS PARK, FL 33782

Address:

City-St-Zip:

Apr 24, 2007 Secretary of State

**Entity Name:** ENSEN IMPORT & EXPORT CORP. **Current Principal Place of Business: New Principal Place of Business:** 3060 5TH AVENUE SOUTH ST. PETERSBURG, FL 33712 **Current Mailing Address: New Mailing Address:** 3060 5TH AVENUE SOUTH ST. PETERSBURG, FL 33712 FEI Number: 59-3539155 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRISTENSEN, VERONICA 3035 7TH AVENUE NORTH ST. PETERSBURG, FL 33713 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: MD ( ) Delete Title: (X) Change ( ) Addition KRISTENSEN, CARL KRISTENSEN, CARL Name: Name: 3035 7 AVE N 3035 7 AVE N Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: SAINT PETERSBURG, FL 33713 Title: Title: () Delete (X) Change ( ) Addition Name: KRISTENSEN, VERONICA Name: KRISTENSEN, VERONICA 3035 7 AVE., N. 3035 7 AVE., N. Address: Address: SAINT PETERSBURG, FL 33713 SAINT PETERSBURG, FL 33713 City-St-Zip: City-St-Zip: (X) Change ( ) Addition Title: ( ) Delete Title: MD KRISTENSEN, KIRK KRISTENSEN, KIRK Name: Name:

Title: () Delete Title: () Change () Addition KRISTENSEN, CARL H JR Name: Name: Address: 3035 7TH AVENUE NORTH Address: City-St-Zip: ST PETERSBURG, FL 33713 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

9900 55 WAY NO

PINELLAS PARK, FL 33782

SIGNATURE: VERONICA KRISTENSEN Τ 04/24/2007