

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051501

FILED
Apr 28, 2005
Secretary of State

Entity Name: U.S. ENTERPRISES OF CENTRAL FLORIDA CORP.

Current Principal Place of Business:

801 OAK SHADOWS ROAD
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

801 OAK SHADOWS ROAD
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 59-3584399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENFIELD, ALAN E
15105 N.W. 77 AVENUE
SUITE 303
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: LAROSA, ANDREW
Address: 801 OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: LAROSA, JOSEPH
Address: 1021 BANK ROSE STREET
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: ROGERS, JOSEPH B
Address: 1501 CHAPMAN COURT
City-St-Zip: KISSIMMEE, FL 34747

Title: D () Delete
Name: ABATE, RONALD
Address: 4000 S.W. 146 AVENUE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ANDREW LA ROSA

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date