2005 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Nam	MENT # P99000069 ENTERPRISES, INC.	. · · · · · · · · · · · · · · · · · · ·				TAL	OS OCT -6 PA	D
Principal Plac	e of Business	Mailing Address					73555	~ .
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HIALEAH, FL		HIALEAH, FL 33015					\ <i>O</i> / ₁	102
TIMELITATI, TE	C 33013				•			4
2. Principal Place (Business 86 CT 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					09162005	Chg-P	CR2E034 (10/03)	•
State City & State					4. FEI Numb 65-093			pplied For ot Applicable
330	2/5 country S.A - Zip co		Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent	
				Name	prosiD	E V.	lonor.	
MUNOZ, RAQUEL								
19308 E LAKE DR HIALEAH, FL 33015 Street Address (Po Box Number is Not Acceptable)								
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8. The above named entity submits this statement for the purpose of changing its registered office of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of particles agent.								
a / K / +								
SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE								
(ITUTE: nagistation (April agriculture (April agric								
FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO O	FICERS AND DIRECTOR	S IN 11
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	and the that the information are all the information	ship filing plans and a series of	_1		Danies / 10 0010	() G-33 0: :	. 16 about 20 a a a a	
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 out usee 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.								
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Ī	SIGNATURE OF P	THE PROPERTY SIGNING OFFICER		IVM		/ Date	Daytime Phone #	